

**PAYTECH CORPORATION**  
CREDIT APPLICATION

Applicant's legal name: \_\_\_\_\_  
Trade Name (Dba): \_\_\_\_\_  
Physical Address: \_\_\_\_\_

(Street address/city/state/zip)

Billing address: \_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax #: \_\_\_\_\_

Corporate structure: \_\_\_ Corp. \_\_\_ Partnership \_\_\_ Proprietorship \_\_\_ Other(specify) \_\_\_\_\_

Nature of business: \_\_\_\_\_ D & B #: \_\_\_\_\_

Officers: \_\_\_\_\_  
(name, title) (name, title)

\_\_\_\_\_  
(name, title) (name, title)

State incorporated in: \_\_\_\_\_ Month/year business started: \_\_\_\_\_

Has company ever filed bankruptcy? \_\_\_ no \_\_\_ yes; If yes, date: \_\_\_\_\_ and state filed in: \_\_\_\_\_

Parent company name: \_\_\_\_\_ Located: \_\_\_\_\_

Sales Rep: \_\_\_\_\_

Accounts Payable information:

Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

List **5 REFERENCES IN YOUR INDUSTRY** that have extended open account to your company for **AT LEAST 1 YEAR**:

Company Name	City, State	Products/services Used:	Phone #
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____

Average ticket: \$ \_\_\_\_\_ Annual Volume: \$ \_\_\_\_\_

Total Cash & Credit Sales(annual): \$ \_\_\_\_\_ Type of Equipment (if any) used for processing : \_\_\_\_\_

**BANK** name: \_\_\_\_\_ City, state: \_\_\_\_\_

Officer: \_\_\_\_\_ Account #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Routing #: \_\_\_\_\_

I hereby certify that the information in the application is true and complete. I authorize the release of credit information from the above references in order to establish a line of credit.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR INTERNAL USE ONLY**

Sales person: \_\_\_\_\_ Ship Date: \_\_\_\_\_

Anticipated monthly sales: \_\_\_\_\_ Requested credit limit: \_\_\_\_\_

Customer Account #: \_\_\_\_\_ Credit limit: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

## OWNERSHIP AND PERSONAL INFORMATION

**NOTE:** Named individuals must total at least 50% equity ownership. Attach additional pages of owners' information if necessary to complete listing requirements of majority ownership individuals

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Equity Ownership: \_\_\_\_\_  
 Residence: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 How Long: \_\_\_\_\_ Yrs. Rent or Own: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Contact Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Drivers License State: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Bankruptcy or Lawsuits: [ ] **YES** or [ ] **NO** (If Yes please send court discharge & explanation letter)

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Equity Ownership: \_\_\_\_\_

Residence: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How Long: \_\_\_\_\_ Yrs. Rent or Own: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Contact Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Drivers License State: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Bankruptcy or Lawsuits: [ ] **YES** or [ ] **NO** (If Yes please send court discharge & explanation letter)

## BUSINESS INFORMATION: Statement/Billing send to: [ ] Corp Headquarters [ ] Business Time Zone: [ ] EST [ ] CST [ ] MST [ ] PST [ ] HST

Year Established: \_\_\_\_\_ Length of Current Ownership: Years \_\_\_\_\_ Months \_\_\_\_\_ # of Locations: \_\_\_\_\_ # of Employees: \_\_\_\_\_

Prior Experience in Similar Business: \_\_\_\_\_

Days / Hours of Operation: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Products/Services sold via EFT: \_\_\_\_\_

Business Structure: [ ] Closely Held Corp. [ ] Publicly Held [ ] LLC [ ] General/Partnership Ltd.

[ ] Sub Chapter S [ ] Sole Proprietorship [ ] Non-Profit [ ] Other: \_\_\_\_\_

State Tax ID#: \_\_\_\_\_ Fed Tax ID#: \_\_\_\_\_

Type of Building: [ ] Commercial [ ] Industrial [ ] Residential Type of Business (Industry): \_\_\_\_\_

### Transaction Account Information

### Optional "Bill To" Account Information

Bank Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_ Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

# of Check Transactions a Month: \_\_\_\_\_ # of Credit Card Transactions a Month: \_\_\_\_\_ Maximum Amount of Transaction: \_\_\_\_\_

Est. Monthly Fees: \_\_\_\_\_ Estimated Monthly Volume: \_\_\_\_\_

### MERCHANT APPROVAL

As a duly authorized representative for the merchant named above, I agree to be bound by the Terms and Conditions for Electronic Funds Transfer Services and authorize the account(s) above to be debited and/or credited by Paytech Corporation according to the aforementioned Terms and Conditions. This authorization is also applicable to any new account information provided to Paytech Corporation at some future time. I understand that the approval, per-item limit, hold period, and reserve amount required (if any), is determined by Landmark Clearing. I certify that the information provided in this application is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_