



Fax back to 925.825.9969
Email back to info@retrieverps.com

Application Information

Business Information

Legal Business Name: _____

Doing Business As: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Mailing Address (if different): _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Refund Policy: _____

Card Swipe % _____ Keyed Transaction % _____

Type of Services or Products Offered: _____

Ownership: Sole Prop Partnership Corp. LLC Non-Profit

Date Business Opened: _____ Time With Current Owner: _____

Federal Tax ID#: _____

Owner/Signer Information

Name: _____ Title: _____

SSN: _____ Date of Birth: _____ Equity%: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Previous Address (if less than 2 years): _____

Current Service Information

Annual V/MV Volume: \$ _____ Average Ticket: \$ _____

Highest Ticket You Expect To Accept: \$ _____

American Express Merchant ID#: _____

Discover Merchant ID#: 6011- _____

America's Payment Systems Authority