

Credit Card Systems Services / CCSS

Merchant services provided in association with Signapay,
a registered ISO/MSP of BMO Harris Bank, N.A., Chicago, IL.
2441 Webb Ave Suite 11E, Bronx NY 10468
T-866-364-2233 F- 509-463-8926
WWW.CCSSUSA.COM CCSSUSA@MSN.COM

New Merchant Set-Up Information Sheet

Business Information **Please take this info. From the Original IRS Documents**

Legal Name: _____

DBA Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____ Cell #: _____

Web Site : _____ (if applicable)

Email Address: _____ (if applicable)

Federal Tax Id: _____ Food Stamp License # _____

Terminal Type: _____ How Many Cashier: _____

Officers/Owners Information: **Please take this info. From the Original Driver License**

First Name: _____

Last Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Cell #: _____

Date of Birth: _____ Social Security #: _____

Driver License #: _____ Exp. Date: _____

By signing this document, You, the Merchant and its owners give us permission to release your confidential information to our affiliated companies, such as banks and Merchant Service Providers. You understand this information is being used to verify any information provided on the Application by our underwriting department and/or our affiliated Merchant Service Providers.

Signature **X**: _____ Date: _____

Title: _____ (Pres., V. Pres., and Owner(s))

Please complete this form and fax # 1-509-463-8926 with copy of:
A-Copy Of Void Check B-Copy Of IRS Tax Id C-Copy Of Food Stamp License
D-Copy Of Driver License E-Marketing Material Or Any Advertising

ISO Name: _____ ISO #: _____