

Making Payment Processing Simpler, Better, and Faster."

2922 Pico Blvd. Santa Monica, CA 90405 310.968.2986

## **Pre-Application Instructions**

- 1. Complete the Merchant Pre-Application
- 2. Include marketing material if applicable
- 3. Include a preprinted voided business check or a letter from your bank verifying the routing number and account number.
- 4. Include a photo copy of your driver's license
- 5. Please complete, sign, date, and return all of the required information via fax @ 310.968.2986 or email at support@wooshcorp.com.



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Application created & sent: Missing documentation:

## Merchant Pre-Application

Applying for a new merchant account is fast and easy! With our Merchant Account Pre-Application, you can start accepting credit cards within 2-3 business days. Simply complete the form below, submit, and you will receive a completed application for your review and signature. If you have any questions please contact your sales rep or call us at 310.968.2986

\*All information you provide will be kept private and confidential. Credit Card Industry never shares or sells personal data at any time.

Business Legal Name:			Phone:				
Business DBA Name:			Fax:				
Business Address:			Email:				
City, State, Zip:			Year Est.				
Contact Name:			Tax ID:				
1099 Reporting:	Sole Proprietor	Sub S Corp	Closely Held	Public Corp	LLC	ircle One for LLC D, C, or P	
Product Sold:				% Ca	ard Present		
Anticipated Volume:	Average Sale Amt: \$	Average Monthly:\$		% Ca	ard NOT Present		
Website:				% In	ternet/MOTO		
*Must comply with Website Compliane Checking Routing#:	ce Questionnaire*		Account#:	*Must equal 100%			
Include copy of voided check							
Will your business be accepting American Express?							
How will you connect the terminal? Are you interested in an ATM for your business?							
Owner/Officer Informati	on:						
Owner/Officer Name:			Title:				
Home Address:			SSN#:				
City, State, Zip:			Date of Birth:				
Phone:			Percentage of C	Ownership:			
I acknowledge that I am the	e business owner or au	thorized officer of the	e above referenced bu	isiness and the in	formation is t	rue and	

correct. I agree that Wooshcorp accepts no liability for the consequences arising out of erroneous or incomplete information supplied by me.

Printed Name:		Date:	
Internal Use Only			
Date Received:			
Underwriter:			