



mpsnationwide.com

(480) 678-9595

MPS West, LLC

Fax) 480-626-4772

Merchant Account Future Receipts Application		BUSINESS INFORMATION	
Legal/Corporate Name:		DBA:	
Physical Address:		City:	State: Zip:
Telephone #:	Fax #:	Federal Tax ID:	
Date Business Started:	Length of Ownership:	Website:	
Type of Entity (circle one): Sole Proprietorship Partnership Corporation LLC Other		Email Address:	
Type of Business (circle all that apply): Retail MO/TO Wholesale Restaurant Supermarket Other		Product/Service Sold:	
MERCHANT/OWNER INFORMATION			
Corporate Officer/Owner Name:		Title:	Ownership %:
Home Address:		City:	State: Zip:
SSN:	Date of Birth:	Home #:	Cell #:
PARTNER INFORMATION (if merchant ownership % less than 50%)			
Partner Name:		Title:	Ownership %:
Home Address:		City:	State: Zip:
SSN:	Date of Birth:	Home #:	Cell #:
BUSINESS PROPERTY INFORMATION			
Business Landlord or Business Mortgage Bank:		Contact Name and/or Account #:	Phone #:
BUSINESS TRADE REFERENCES (Please list at least 3 trade suppliers. Please attach any additional references on a separate page.)			
Business Name:		Contact, Account # or Fax #:	Phone #:
Business Name:		Contact, Account # or Fax #:	Phone #:
Business Name:		Contact, Account # or Fax #:	Phone #:
Business Name:		Contact, Account # or Fax #:	Phone #:
OTHER INFORMATION			
Credit Card Processing Terminal(s)/Software Model:		Number of Terminals:	Average Monthly Volume:
Requested Advance Amount:		Do you Accept: Visa/MasterCard Amex Discover Debit EBT Please circle all that apply.	
Prior/Current Cash Advance Company (if applicable):		Balance:	Underwriter Use Only Split Funds __ ACH __
Applicant authorizes Merchant Funding Network its assigns, agents, banks or financial institutions to obtain an investigative or consumer report from a credit bureau or a credit agency and to investigate the references given on any other statement or data obtained from applicant.			
Applicant's Signature		Date	
IIM RAMAGE - MPS REPRESENTATIVE			