



# Merchant Services Questionnaire

Office: (877) 224-5699  
 Fax: (877) 607-2525  
 www.whitestonefund.com

**We require the following:**  
 Copy of Driver's License  
 Copy of Voided Check  
**Agent:**

## BUSINESS INFORMATION

<b>Business Name:</b>	
<b>Business DBA (If different):</b>	
<b>Business Tax ID:</b>	<b>Business Start Date:</b>
<b>Business Address:</b>	

## OWNER INFORMATION

<b>Contact Name:</b>	<b>Owner's Name &amp; Title:</b>	
<b>Phone Number:</b>	<b>Building Type:</b>	<b>Location:</b>
<b>Email Address:</b>		
<b>Business Type:</b>		
<b>Owner's Address:</b>		
<b>Owner's DOB:</b>	<b>Owners Social</b>	<b>DL#</b>
<b>Owner's Percent of Ownership of Business:</b>		

## OTHER INFORMATION

<b>Monthly Volume:</b>	<b>Average Ticket:</b>	<b>High Ticket:</b>	
<b>Products/Services Sold:</b>			
<b>Swipe: %</b>	<b>Keyed: %</b>	<b>Internet: %</b>	<b>Monthly Fee: %</b>
<b>Cash Discount - Dou Price: Yes   No</b>	<b>Rate: %</b>	<b>Tran Feet: %</b>	<b>EBT #: %</b> <b>Terminal:</b>

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Signature