

Business Payment Solutions Preliminary Application

BUSINESS INFO					
Business Legal Name: _			DBA:		
Physical Address:					
			Mth/Yr Started	d:/	
Primary Email:		Websi	te:		
	:				
			Annual Credit Card Sales:		
			sible Sale Amount: \$		
	•		% E-Commerce:		
What Percentage of Sa	lles are: Business to Co	nsumer:%	Business to Business:	%	
TAX & BANK INFO					
		Sta	ate Incorporated:		
			rp Private Corp		
			Deposit Account #:		
SIGNOR'S INFO					
Signors Legal First Nam	ne:	Last:	Title	e:	
% of Ownership:	% SSN:		Date of Birth:		
Primary Physical Reside	ence:				
City:	State:	ZIP:	Cell Phone:		
	Station Qty: Mir		ty: Go Qty: Other:		
SHIPPING ADDRESS: _					
Option 2: Onsite	ant Self-Setup \$49.00 _ Self-setup and 24/7 Clo e Installation \$99.00 Up to 1 hour installation Includes 24/7 Clover vir	over virtual installatio — n & training by Certi	fied Clover Business Cons	ultant	
Option 3: Onsite	te Installation \$300.00 (price may vary for complex installations)				
•	Up to 3 hours professional installation & training by Certified Clover Business Consultant Includes 24/7 Clover virtual installation				
REFER-A-MERCHANT:	Earning \$100 has never	been this easy! Sub	omit your referral today.		
Business Name:	Owner's Name:				
Owner's Cell Phone: _	Owner's Email:				

Return the completed pre-app to your Business Consultant with Fiserv. Information contained on the pre-app will be used to complete your legal application for your signature.