

MERCHANT APPLICATION AND AGREEMENT

Agent Office (Print) EASTWEST/TRAVEL ROB SEXTON Agent Telephone (970) 870-0466 Lead No. _____
 Sales Representative (Print) ROBERT M SEXTON Promo Code _____ Program Code 4003

MERCHANT INFORMATION

Legal Name of Business		DBA (doing business as) (only 22 characters including spaces)			
Street Address (Physical address—no P.O. Boxes)		City	State	ZIP	
Mailing Address (If different from Street Address)		City	State	ZIP	
Business Telephone	Business Fax Telephone	Merchant Customer Service Telephone	Tax ID No. (Required—9 digits)	Age of Business Yrs. Mos.	
Merchant E-Mail		Merchant Customer Service E-Mail			
ISP/CSP E-Mail		Merchant URL			
List Type of Business/Products/Services Sold and How (Be specific) 4722-t-ARRANGEMENT OF TRANS.=Transactions for refundable professional fees					Authorized Business Rep

OWNERSHIP

51% ownership for a corporation, 100% ownership for a partnership or proprietorship, must be accounted for on the application

Sole Proprietorship
 Private Corporation
 Public Corporation
 Government (Federal/state/local)
 Medical or Legal Corporation
 International Organization
 Partnership
 Limited Liability Company
 Nonprofit Corporation
 Associations/Estates and Trusts
 Tax-Exempt Organization (501C)

Principal's Name		Ownership %	Title	Home Telephone	
Date of Birth (mm/dd/yy)	Social Security No. (Required)	Driver's License No. and State/State Issued ID (Required)		Expiration Date (Required)	
Street Address (Physical address—no P.O. Boxes)		City	State	ZIP	
Second Principal's Name		Ownership %	Title	Home Telephone	
Date of Birth (mm/dd/yy)	Social Security No. (Required)	Driver's License No. and State/State Issued ID (Required)		Expiration Date (Required)	
Street Address (Physical address—no P.O. Boxes)		City	State	ZIP	

**Payment Information
For \$49 set-up charge**



Credit Card Number: _____
 Expiration Date: _____ / _____ (mm/yyyy)
 Card Code: _____ Code not on card

Customer Contact Information (if different from above)

Customer Name: _____
 Billing Street Address: _____
 City: _____
 State: _____ or Province: _____
 Zip/Postal Code: _____
 Phone: _____ Date: _____

Attach voided check below