OFBS PROCESSING
MERCHANT APPLICATION

Business Information				
Legal Name of Business			DBA Name	
Date of Business Established			Taxpayer Identification Number	
Business Phone Number	Type of Business :- Liquor store or Grocery Store or Convenience Store or Hotel or other Please describe the other :-			
Physical Address (No P.O. boxes)	Unit #	City	State	Zip
Billing Address (☐ same as primary)	Unit #	City	State	Zip
Business E-mail (For notices and all other communication)	Business Website Address if applicable			

List name one Principal owner position held with company

Principal Information				
Last Name	First Name	Middle Name	Title	Ownership Percentage
Date of Birth	Social Security Number		Home Phone	
Address	Unit #	City	State	Zip
Driver's License Number (Attach copy to application)	State Issuing Driver's License	License Expiration Date		
Owner's Email Address		Cell phone number		

Attachments Required	
Driver's License	☐ Yes
Voided Check or Bank Letter	☐ Yes
FNS NO.(If you Process EBT/Food Stamp) :-	

Banking Information	
Name of Bank or Financial Institution	
Address :-	Contact Name Phone
Business checking account number	Business checking routing number

Print Name: _____

Sign Name: _____