



Credit Card Enrollment Form

Business Information

Acquirer Merchant ID	
Business Name (Legal)	
Doing Business As (DBA)	
Tax ID Number	
Business Address (Legal)	
Work Phone	
Year Established	
Type of Business	Non-Profit Corporation LLC LLP Proprietorship Partnership Other _____
Month Financial Year End	

*A fiscal year end can be the end of any quarter, such as March 31, June 30, September 30, or December 31.

Authorized Officer (Primary Cardholder)

Authorized Officer First Name	
Authorized Officer Last Name	
Authorized Officer Email	
Authorized Officer SSN	
Authorized Officer Work Phone	
Authorized Officer Mobile Phone	
Authorized Officer Address 1	
Authorized Officer Address 2	
Authorized Officer City	
Authorized Officer State	
Authorized Officer Country	
Authorized Officer ZIP	
Program	PSUNIPAY20 (20% to card and 80% to bank via ACH) PSUNIPAY30 (30% to card and 70% to bank via ACH) PSUNIPAY50 (50% to card and 50% to bank via ACH) PSUNIPAY100 (100% to card -TSYS Esquire merchant only)

Beneficial owner

Each individual, if any, who owns, directly or indirectly, 20 percent or more of the equity interests of the legal entity customer.

An individual with significant responsibility for managing the legal entity customer (e.g. CEO, COO, Managing Member, GP, President, Vice President, Treasurer).

Add second form with additional beneficial owner.

1. Name: _____ Title: _____

Date of Birth: _____ Citizenship: **US:** _____ **Other:** _____

Address: _____

SSN#: _____

or Passport #: _____

or Other ID #: _____

Beneficial owner : **Yes** **No** **Ownership:** _____ %

2. Name: _____ Title: _____

Date of Birth: _____ Citizenship: **US:** _____ **Other:** _____

Address: _____

SSN#: _____

or Passport #: _____

or Other ID #: _____

Beneficial owner : **Yes** **No** **Ownership:** _____ %

Authorized Officer (Primary Cardholder) DDA

Bank Name	
Account Holder Name	
Routing Number	
Account Number	
Confirm Account Number	
Account Type? (Savings, Checking)	

I, _____ (name of natural person opening the account), hereby certify, to the best of my knowledge, that the information provided is complete and correct. I will notify immediately if of any changes.

Signature _____ Date _____

Please download the application, complete it and email it to cardenroll@netevia.com