

DISTRIBUTOR REGISTRATION



Business Name:		Number of Sales Offices:	
Address:			
City:	State:	Zip:	
Phone:	Fax:		
Type of Ownership:	<input type="checkbox"/> Professional Corporation	<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
Tax Identification Number:		Years in Business:	
Are you currently selling bank card processing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Visa/MC <input type="checkbox"/> ATM			
What is the name of the Bank or Company?			
Phone:		Contact:	
Owner / Principal #1 Name:		Date of Birth:	SSN:
Address:			
City:	State:	Zip	
Owner / Principal #2 Name:		Date of Birth:	SSN:
Address:			
City:	State:	Zip:	
Business Reference or Former Employee #1:		Phone:	
Business Reference or Former Employee #2:		Phone:	
Business Reference or Former Employee #3:		Phone:	
Personal Reference:		Phone:	
Professional Reference:		Phone:	
Bank Reference:		Phone:	
LIST ANY SALES OFFICES WHICH WILL BE SELLING ATM SERVICES AND PROCDUCTS			
Business:	Address:	Phone:	
Please attach list of names, addresses, and phone numbers of all sales representatives at this office.			
LIST ALL BANKS/COMPANIES FOR WHICH YOU HAVE BEEN AN ISO/SALES REPRESENTATIVE DURING THE PAST TWO YEARS:			
Bank/Company:	Contact:	Phone:	
LIST ANY OTHER NAMES UNDER WHICH YOU HAVE DONE BUSINESS DURING THE PAST TWO YEARS:			
Business:	Address:	Phone:	
LIST ALL THIRD PARTY LEASING COMPANIES WITH WHOM YOU HAVE DEALT WITH DURING THE LAST TWO YEARS:			
Company:	Address:	Phone:	
I warrant that the above information is true and correct and authorizes _____ to obtain a consumer credit report on the above named principal and business.			
Signature by Owner or Officer		Title	Date

Moneytee ATM
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