



CREDIT CARD PROCESSING SERVICE & SOFTWARE



X Charge – Merchant Worksheet / Please return by fax: (501) 641-8011
Attention: Craig Raney

Legal Business Name _____		Merchant "Doing Business As" Name _____	
Legal Address _____		Location Address _____	
City/State/Zip _____		City/State/Zip _____	
Phone _____	Fax _____	Phone _____	
Years in Business _____	Corp / Partnership / Sole P _____	# of Locations _____	Tax ID# (9 digit no.) _____
Main Contact _____		Email Address _____	
Cell Number _____		_____	

Rates

Visa 1.69%	.21 per item	<u>Monthly</u>
MC/Discover 1.69%	.21 per item	\$5 Statement Fee
		\$5 Unlimited Tech Support/Customer Serv.

BANK CARD INFORMATION

American Express MID# _____
(To establish new account call 800-528-5200, enter 10 digit ID above)

Estimated Annual MasterCard/Visa Sales _____ Estimated Average Ticket _____

OWNER / OFFICER

Name _____ DOB _____ Social Security # _____ - _____ - _____

Home Address _____ City/State/Zip _____

Home Phone _____ Years There _____ Do you own or lease? _____

**Please fax a voided check for your deposit account
along with this worksheet**

Accelerated Payment Technologies

1202 High Tech Circle
Henderson, NV 89002

888 427 2260 tel
702 564 3206 fax

info@acceleratedpay.com
www.acceleratedpay.com

Developers of

