

MERCHANT INFORMATION REQUEST

Company Code:	
Merchant Name:	
Merchant Physical Address:	
Merchant Overnight Shipping Address:	
Merchant Phone Number:	
Existing type of Equipment used to process credit cards: If none, do you need to order equipment:	
Time Zone:	Business Hours:
Does this merchant need Tip Option?	SAP Cost Center (For Fees)
	SAP Site Number:

GENERAL INFORMATION

Primary Contact:
Telephone Number:
Fax Number:
Email Address: