

Legal Name of Business:

Street Address:

Credit Card Processing Application Form

DBA Name: ____

DBA Address (if different than Legal Address)

Street Address:

Please fill in the applicable fields to the best of your ability. Please attached your ID(s) and VOID Cheque, or deposit form (PAD). You will be contacted if we have any questions. This information will be used to complete and send you an Application for E-signature. If you have any questions, you can contact your Advisor or you can email us at info@KISPayments.com or call Toll Free: 1.888.484.3389.

Business Details

Legal Address

City:	Province:	City:	Province:			
Postal Code: Business Phone: Business Email: Website:		Postal Code:				
		Type of business (Choose one):				
		Product/Service Offered:				
Month & Year Started:		Alternate Shipping Address for Equipment:				
		Street Address:				
			Province:			
		Postal Code:				
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Credit Card Processing Application Form

Business Operations

Business Location:	Average Credit Transaction Size (how much per			
If Other:	transaction, on average): \$			
Number of Employees:	What is the highest sale price (of goods and/or			
Approximate Square Footage:	services) that you have run or expect to run as a			
Is your business Seasonal: Yes No	Credit Card Transaction?: \$			
If yes- What months are you in operational?:	On average, how many times per year would you run			
From: To:	your highest sale price?:			
	Currency: CAD USD			

Banking Details

A copy of a Void Cheque or Bank Deposit Form is required.

Void Cheque must have the Business Name (Legal or DBA) printed on it.

Bank Deposit Form must show the Bank letterhead (Name, Logo, Address).

Choose which form of Banking Info you are sending:	Route (Bank) #	Transit #	Account #

Please note, this form does not designate a completed application, but is used to fill out our e-Applications which will be sent to you via you email provided for e-Signatures. If you require a paper application to be sent to you either by mail, or as an attachment, instead of an e-Application, please let us know by emailing us at info@kispayments.com or calling Toll Free: 1.888.484.3389

Any information you provide on this form is not shared or sold to any third party.

You can also fill out our Online Application From at https://applications.kispayments.com/new



Total Annual Revenue: _____

Credit Card Processing Application Form

Equipment

Office Use Only (to be filled out by Advisor)

VISA Vol:	MC Vol:	туре	Quantity	Price	kent/Purchase?		
Interac Vol:	Discover Vol:				_		
Amex Vol:	UPI Vol:				_		
Funding Run:	Bank Deposit Separator:				_		
					_		
What type of transaction	ns?				_		
Internet:% Moto:	% In Person:%				_		
Delivery Time Frame (Da	ys):				_		
0-7:% 8-14:%	5 15-30:% 31+:%				_		
eCommerce Platform:							
Shopping Cart:		Advisor Notes	s to KIS:				
Payment Gateway:							
Auto Batch Time (EST):							
Software:							
Pricing							
Cost Plus: BPS	Flat Rate:%						
CC Transaction:	Debit Trans:						
Monthly Admin Fee:							
Oninimation Overtin							
Origination Questio							
Have you met the merch	nant face to face? Yes	No					
If Yes, where did you meet the merchant?							
Did you solicit the merchant or did the merchant reach out to you?							
How did you receive the merchant lead?							