

CONTACT INFORMATION FORM

Please fill out all the information on the form below. When completed please click on the send button and your completed form will automatically be sent to us. Upon our receipt of your information we will contact you within one business day. Thank you again for your interest in Applied Bank Merchant Services.

PERSONAL INFORMATION

Name: First: _____ Last: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

BUSINESS INFORMATION

Business Name: _____
Business Type: _____
Do you accept credit cards: Yes No
If Yes, Monthly Volume in dollars: \$ _____ , _____ , _____
If Yes, Do you own your own machine: Yes No
Best Time to Contact: _____

SEND

Note: If you are having difficulty submitting this Application please complete the following steps:

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...If you are still having difficulty, please Email:
MerchantProcessing@AppliedBank.com