**Business Profile** for WORLDPAY Integrated Payment’s credit card processing

Please Note: The information in this form will be used by Worldpay Integrated Payments to begin its underwriting process and is not a guarantee of acceptance which may only occur upon your review and completion of a card services application and agreement and acceptance of same by Worldpay Integrated Payments and/or its processor and member bank.  By submitting this form and any supporting documents, YOU HEREBY AUTHORIZE WORLDPAY INTEGRATED PAYMENTS TO OBTAIN AND USE YOUR INDIVIDUAL AND BUSINESS CREDIT REPORTS AS PART OF ITS UNDERWRITING PROCESS FOR REVIEW OF AN APPLICATION AND ESTABLISHMENT OF A CARD SERVICES AGREEMENT FOR CARD PROCESSING SERVICES.  All information in this form will be treated as confidential.

Business/DBA Name:

Address:

City: State: \_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_

Phone/Cell:

Contact Name at DBA:

Legal Business Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: State: \_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_

Phone:

Contact Name at Legal:

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Tax ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Type: Sole Proprietor  Partnership  Corporation  LLC  Tax Exempt

Banking

Bank Name:

Bank Routing Number (9 digits):

Bank DDA:

All required:

Primary Owner/Officer Name:

Social Security Number: Date of Birth:

Home Address:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_ Zip Code: Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years at this address: \_\_\_\_\_ Own  Rent

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