

New Customer Information Form

To be Completed by Customer



Please complete all sections and PRINT LEGIBLY

Section 1 – Business & Location Information

Business Type: Corporation Partne	ership Sole Proprietor LLC I	Non-Profit 501(c)(3)
Legal Company Name: DBA		
Location Address	ty, State, Zip	
Business Phone #:	Federal Tax ID:	Years in Business:
Type of Location:	Current Customer Yes No	Number of Locations:
Location Contact Name:	Phone #	Email:
ER Contact Name:	Phone #	Email:
Tax Exempt: Yes No If answer is	"Yes", please provide a copy of your Ta	ax Exempt Certificate.
	Section 2 – Owner Information	<u>n</u>
Owner's Name:		
Owner's Home Address:		
Owner's City:	Star	te: ZIP Code:
Owner's Phone:	Owner's Email:	
Owner's Social Security Number:	Owne	r's Date of Birth:
Owner's Driver's License Number:		Issuing State:
Authorized Signature:		Date:
	Section 3 – Equipment Information (Complete all applicable in information	
Equipment Type: ATM Air Air/Va	ac Machine Purchase Required	Yes No Arrangement:
Machine Make/Model:	# of Cassettes or Size	Machine SN:
Surcharge Rate: Deno	mination(s): Ma	x Out:

**Attach a copy of the following: FEIN Letter, Driver's License, & a copy of a Voided Check or Bank Letter **

The above information is required to verify customer identity under the U.S Patriot Act. To ensure compliance with new federal regulations of the U.S. Patriot Act and enforcement by the financial networks (VISA and MASTERCARD), credit and background checks must be performed on individuals who own and operate ATMs. Background checks will only be completed on Corporations, Non-Public, Partnership, and Sole Proprietor. Additional information may be requested based on the results of the background check.