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|  | **Merchant Questionnaire** |
| Legal Name of Business: |  |
| Business dba (doing business as) Name: |  |
| Location Address: |  |
| City: |  |
| State: |  |
| Zip code: |  |
| Mailing Address (if different than location): |  |
| Mailing City: |  |
| Mailing State: |  |
| Mailing Zip code: |  |
| Contact Name: |  |
| Phone Number: |  |
| Fax Number: |  |
| E-mail Address: |  |
| Federal Tax Id Number(Social Sec. # if no Fed ID): |  |
| Date Opened For Business: |  |
| Number of Employees: |  |
| Ownership Type: (Corp, LLC, Sole Prop, etc…) |  |
| Signer’s Date of Birth: |  |
| Signer’s Job Title: |  |
| Website URL If Applicable: |  |

Yearly CC Volume:

Please fax to eRentPayment 866-373-7591

Or scan and email: [documents@erentpayment.com](mailto:documents@erentpayment.com)