

eRentPayment	<u>Merchant Questionnaire</u>
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