SNAP Merchant Pre Application

DBA INFORMATION	
DBA NAME	
ADDRESS	
CITY	
STATE	
ZIP	
PHONE	
FAX	
EMAIL	
WEBSITE	
LEGAL INFORMATION	
LEGAL NAME	
FEDERAL TAX ID	
BUSINESSS START DATE	
SALES INFORMATION	
VISA/MC MONTHLY SALES	
AVERAGE TICKET	
PERSONAL INFORMATION	
NAME	
ADDRESS	
CITY	
STATE	
ZIP CODE	
SOCIAL SECURITY #	
DATE OF BIRTH	
DRIVERS LICENSE #	
HOME PHONE #	
BANKING INFORMATION	
BANK NAME	
ROUTING NUMBER	
ACCOUNT NUMBER	

PLEASE EMAIL/FAX THIS FORM TO:
Billy@cardconnectalliance.com OR
1-888-501-0840