



Business Profile

For Mercury Canada credit card processing services

(Information for application purposes only and is not a guarantee of acceptance)

Go to www.MercuryPay.com/go/businessprofile to fill out this form online.

Please attach a voided pre-printed business check here

(The legal business name and/or DBA name that is printed on the bank check must match this business profile exactly)

Please Note: The personal information you supply will be used for the purpose of qualifying you as a merchant account by Mercury Canada. This information is held in the strictest confidence and is never sold, rented, or shared with any other business or third party.

Business/DBA Name: _____ Legal Business Name: _____

Street Address: _____ Address*: _____

City: _____ Prov: _____ Postal Code*: _____ City: _____ State: _____ Zip*: _____

Phone*: _____ Fax: _____ Phone*: _____ Fax: _____

Primary DBA Contact: _____ Primary Legal Contact: _____

Email Address*: _____ Email Address*: _____

Cell Phone Number: _____ Cell Phone Number: _____

Statement Address: Use DBA Use Legal

Owner/Officer Name*: _____ Email Address*: _____

Social Security Number: _____ Date of Birth*: _____

Home Address*: _____ City: _____ Prov: _____ Postal Code*: _____

Years at Address: _____ Your home: Own Rent Home Phone: _____

* required fields

(continued on back)



Business Type: Sole Proprietor Partnership Corporation LLC Tax Exempt

Product or Service Sold*: _____ GST #: _____

Cards Swiped: _____% Manually Keyed with Imprinter: _____% Mail Order/ Phone/ Internet: _____%

Annual Visa/MC Sales: \$ _____ Average Ticket: \$ _____ Total Number of Locations: _____

Ownership since (dd/mm/yy): _____ Date Business Established (dd/mm/yy): _____

Projected Processing Date*: _____ Hours of Operation: _____

Financial Institution: _____

Application for the following credit cards:

Visa/ MasterCard Credit

Discover Existing Discover merchant number: _____ (15 digits)

American Express Existing AMEX merchant number: _____ (10 digits)

Debit # of pin pads New: _____ Existing: _____

Existing Pin pad model & serial number(s): _____

Would you like the application Faxed or E-mailed? Enter FAX or E-mail: _____

What is the best way to contact you? DBA Phone Cell Phone E-mail

* required fields

Your Dealer's Information

Dealership Name: _____

Dealership Address: _____ E-mail: _____

Dealer Name / Primary Contact: _____

Dealer Phone: _____ Dealer Fax: _____

Point of Sale System: _____ Version: _____

Please return this Business Profile to:

Fax: 866.484.8688

Email: paymentsolutions@bbcanada.com

