



# Electronic Payment Processing

Add Location Form

VeriCheck, Inc.

## Add Location Form

*Thank you for your business!*

This Add Location form may be filled out using your computer. In order to see the fillable features, please note the following:

- ✓ Use your TAB key, not the RETURN key, to jump forward through the form while filling out the text boxes. To begin, click on the line you want to fill in, or click the box in your browser window labeled "Highlight Fields" to see where information can be entered into the form.
- ✓ Please complete the form by filling it out on your computer. When done print the form to sign and date it.
- ✓ Once completed, please fax to VeriCheck® at (404) 872-3490 or you can scan in the application and email it to [support@vericheck.net](mailto:support@vericheck.net) as an attachment. You can also return the form directly to your authorized VeriCheck® sales representative.
- ✓ The forms available for downloading (printing) from this Web site are the approved versions.
- ✓ In order to make use of all of the features of our fillable forms, you should use latest addition of the free Adobe Acrobat Reader, a free download at <http://www.adobe.com/>
- ✓ Remember, your agreement needs to be signed and dated.

**PLEASE INCLUDE A PRE-PRINTED VOIDED CHECK OR BANK LETTER WITH THE APPLICATION**



# Electronic Payment Processing

## Add Location Form

Check all that apply:  PPD  CCD  WEB  TEL  BOC  ARC  POP  Check 21  Check Guarantee

ISO/Agent Name: \_\_\_\_\_

### COMPANY INFO

Location Name: \_\_\_\_\_  
DBA: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Website URL: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### OWNER / SIGNOR INFORMATION

Full Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Title: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

### BUSINESS DATA

Business Tax ID: \_\_\_\_\_  
Corporate Structure:  
 Non-Profit  Sole Proprietorship  Private Corp  
 LLC  Public Corp  Partnership

### BUSINESS BANKING RELATIONSHIP

Bank Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Routing Number (ABA): \_\_\_\_\_  
Account Number (DDA): \_\_\_\_\_  
Account Type:  Checking  Savings

CUSTOMER acknowledges that he/she has read and understands the [Terms and Conditions](#) of this Agreement contained herein and agrees to be bound by the terms and conditions herein.

By:

\_\_\_\_\_  
CUSTOMER SIGNATURE

\_\_\_\_\_  
PRINTED CUSTOMER NAME

\_\_\_\_\_  
BUSINESS NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AUTHORIZED VERICHECK SIGNATURE (For Internal Use)

\_\_\_\_\_  
PRINTED VERICHECK NAME (For Internal Use)

**DO NOT FORGET TO PROVIDE A PRE-PRINTED VOIDED CHECK OR BANK LETTER WITH APPLICATION!**

ph: 1-877-885-0622

fax: 404 872 3490

web: [www.vericheck.com](http://www.vericheck.com)

email: [support@vericheck.net](mailto:support@vericheck.net)