

Opala Payment System



Business/DBA Name: _____ Legal Name: _____

Street Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Phone/Cell: _____ FAX: _____ Phone/Cell: _____ Fax: _____

Contact Name at DBA: _____ Contact Name at Legal: _____

Website: _____ E- Mail: _____

Mailing/Billing Address: USE DBA USE Legal Other: _____

Primary Owner/Officer Name: _____

Social Security Number: _____ Date of Birth: _____

Home Address: _____ DL # _____ STATE _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Years at this Address: _____ Own Rent

Business Type: Sole Proprietor Partnership Corporation LLC Tax Exempt

Average Ticket: \$ _____ Annual Visa/MC/Discover Sales: \$ _____

Federal Tax ID#: _____ Total number of locations: _____

Products/Services Sold: _____ Type of Inventory: _____

Years Business Owned: _____ Hours of Operation: _____

Surrounding Area: Commercial Residential Industrial

Is the Premises: Leased Owned Anticipated Date to begin Processing: _____

Application for the following card services:

Visa/MC/ Discover American Express (existing AMEX Merchant # _____)

PIN – Based DEBIT EBT (FNS# _____)

What email or fax number would you like us to send your application to? _____

What is the best way to contact you? DBA Phone Cellular Phone Email

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What email or fax number would you like us to send your application to? _____

What is the best way to contact you? DBA Phone Cellular Phone Email

INTERNAL USE ONLY

Office: _____

Office Address: _____ Email: _____

Sales Rep. Name: _____ Contact #: _____

PLEASE ATTACH A VOIDED PRE-PRINTED BUSINESS CHECK

PLEASE RETURN THIS BUSINESS PROFILE

FAX: 1(877)998-1899

CONTACT: 1(844) GO OPALA (46-64252)

EMAIL: info@opalapay.com