



New Customer Information Form

To Be Completed by Customer

*****Please complete all sections and PRINT LEGIBLY*****

Section 1 – Business Information (Complete Section 4 if Billing Information Is Different)

Business Type: Corporation Partnership Sole Proprietor LLC Non-Profit 501(c)(3)

‡**Business Legal Name:** _____

DBA Name (if applicable): _____ **Federal Tax ID:** _____

***Business Physical Address:** _____

Business PO Box (if applicable): _____ **Years in Business:** _____

Business City: _____ **State:** _____ **ZIP Code:** _____

Business Email: _____ **Business Phone #:** _____

Business Contact Name: _____ **Contact Title:** _____

Accounts Payable (AP) Contact Name: _____ **AP Contact Title:** _____

AP Phone #: _____ **AP Email:** _____

Tax Exempt: Yes No If answer is “Yes”, please provide a copy of your Tax Exempt Certificate.

Emergency Contact: _____ **Title:** _____

Phone: _____ **Email:** _____

‡Name must match what appears on the Federal Tax ID (FEIN) letter or document.

*Enter full address including the number, name, street type, and direction information (123 NW Main St).

Section 2 – Owner Information

Owner’s Name: _____

Owner’s Home Address*: _____

Owner’s PO Box (if applicable): _____

Owner’s City: _____ **State:** _____ **ZIP Code:** _____

Owner’s Phone: _____ **Owner’s Email:** _____

Owner’s Social Security Number: _____ **Owner’s Date of Birth:** _____

Owner’s Driver’s License Number: _____ **Issuing State:** _____

*Enter full address including the number, name, street type, and direction information (123 NW Main St).

Section 3 – Location Information

If more than one location is involved, please attach an Excel spreadsheet or Word document that contains the information listed below.

Location Name: _____
Location Physical Address*: _____
Location City: _____ State: _____ ZIP Code: _____
Location Email: _____
Location Phone #: _____ Location Hours of Operation: _____
Authorized Signature: _____ Date: _____
Printed Name: _____ Title: _____
Communication Type: Dial-Up Internet Wireless Requires Wireless Rental Agreement: Yes No
Surcharge Amount: _____

CASH DEPOT, LTD USE ONLY ATM TID: _____ Air/Vac TID: _____ Arrangement Type: Merchant Rental Placement Program Type: ATM Air Machine Required: Yes No Date Received: _____ Reviewed By: _____ Salesperson: _____
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Section 4 – Billing Information (Complete if Different from Section 1 Information)

Business Type: Corporation Partnership Sole Proprietor LLC Non-Profit 501(c)(3)
‡Business Legal Name: _____
DBA Name (if applicable): _____ Federal Tax ID: _____
Billing Physical Address*: _____ Billing PO Box (if applicable): _____
Billing City: _____ State: _____ ZIP Code: _____
Accounts Payable Contact Name: _____ AP Contact Title: _____
AP Phone #: _____ AP Email: _____

‡Name must match what appears on the Federal Tax ID (FEIN) letter or document.

*Enter full address including the number, name, street type, and direction information (123 NW Main St).