

Contact Information

Name:

Position/Title:

Main Contact?

Yes No

Phone:

Email:

Business Information

Business Name:

Business Address:

What do you sell?

Number of locations:

Business Type

Brick & Mortar eCommerce

Organizational Membership

Point of Sale Requirements

POS software & version:

Multi-Lane Location:

Yes No

Are you using a Pin Pad?

Yes No Pin Pad Type:

Existing Business?

Current Processor:

Current setup (standalone terminal, integrated POS, etc)?

Interested in being a Discount Merchant Services Customer?

Yes No Program:

Monthly credit/debit cards revenue:

Average sale price:

Misc Services

Do you need Gift Cards?

Yes No

Interested in Merchant Cash Advance?

Yes No

Do you desire extra FREE solutions such as payroll, Quickbooks integration, promotional solutions, marketing?

Yes No



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