

Merchant Information Sheet



Email: sales@purejoin.com
Phone number: (678) 206-0500
Fax number: (678) 802-7464
Address: 3473 Satellite Blvd 310N, Duluth, GA 30096

Business Location/ DBA

PO Box not accepted. Monthly Statement will be emailed here unless otherwise indicated.

DBA Name:	_____	Email:	_____
Address:	_____	Phone:	_____
Website:	_____	Business Hours:	_____

Legal Business

If legal name is different than above.

Legal Name:	_____	Business Type:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC
Address:	_____		<input type="checkbox"/> Private Corp.	<input type="checkbox"/> Public Corp.	<input type="checkbox"/> Non-Profit
Established Date:	_____	EIN#:	_____		

Principal's Information

Full name:	_____	Email:	_____		
Address:	_____	Phone:	_____		
D.O.B:	_____	SSN:	_____	Driver's License #:	_____
Do you want to set up Auto Settle? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you want to set up Tip Option on receipt? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Bank information

This is the account where funds will be deposited.

Bank Name:	_____	Name on Check:	_____
Routing Number:	_____	Account Number:	_____

Disclaimer and signature

I authorize PUREJOIN to submit an application for Merchant Services for Credit Card Terminal Service using the information given above. I am aware a Credit Report may be obtained by the financial institution appointed. I certify that all statements herein are true and correct to the best of my knowledge.

Signature:	_____	Date:	_____
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