



DRB Systems, Inc.

PRE-APPLICATION
FOR MERCURY PAYMENT SYSTEMS CREDIT CARD PROCESSING SERVICES

Online at www.MercuryPay.com/go/drbsystemspreapp
(Information for application purposes only & is not a guarantee of acceptance)

Please Note: The personal information you supply will be used only for the purpose of qualifying you for a merchant account by Mercury Payment Systems. This information is held in strictest confidence and is never sold, rented, or shared with any other business or third party.

Business/DBA Name: _____ Legal Business Name: _____
Street Address: _____ Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Phone: _____ Fax: _____
Contact Name at DBA: _____ Contact Name at Legal: _____
E-Mail: _____ E-Mail: _____

Mailing/Billing Address:

Use DBA Use Legal Other _____

Primary Owner/Officer Name: _____ E-Mail Address: _____
Social Security Number: _____ Date of Birth: _____
Home Address: _____ City: _____ State: _____ Zip Code: _____
Years at this address: _____ Own or Rent your home : _____ Home Phone: _____

Business Type:

Sole Proprietor Partnership Corporation LLC Association/ Estate/Trust Tax Exempt Organization

Product or Service Sold: _____ Federal Tax ID #: _____

Are you using a card activated terminal (CAT)? Yes No

Card Present (swipe): _____% (% of customers presenting their cards)

Card Keyed (non-swipe): _____% (% of customers calling in or the card does not swipe, and must be keyed)

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

Total number of merchant locations (not necessarily # enrolled at this time): _____

Total annual Visa/MC sales for all locations: \$ _____

How many years have you owned this business? _____ Hours of Operation: _____

Application for the following card services:

Visa/MasterCard
Discover
Diners Club
American Express

IF YOU HAVE EXISTING AMEX or DISCOVER MERCHANT NUMBERS, PLEASE LIST THEM BELOW:

Discover Merchant #: _____ (At this location only)

American Express Merchant #: _____ (At this location only)



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1. Dealer Business Name and Address:

DRB Systems, Inc.
3245 Pickle Rd.
Akron, OH 44312

2. Dealer Contact & Telephone Number:

3. POS System/Type of Connection:

DRB Systems / IP

4. Should we return the application to the merchant or dealer for signatures?

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

PLEASE RETURN THIS PRE-APPLICATION BY MAIL OR FAX TO:
Mercury Payment Systems (mailing address below)

FAX: 970-385-3436



Please Attach a Voided
Pre-Printed Business Check Here