



Merchant Intake Form

Complete all sections and submit with the required processing statements.
Please email all submissions to intake@feenixlegacy.com

AGENT INFORMATION

AGENT NAME

Domingo de Torres

AGENT ID

AA1018

IMPORTANT — Required with submission: twelve (12) months of the merchant's most recent processing statements.

BUSINESS INFORMATION

BUSINESS LEGAL NAME

DBA NAME

TAX ID (EIN)

INDUSTRY

WEBSITE

CURRENT POS / GATEWAY USED TO ACCEPT CREDIT CARDS

BUSINESS DESCRIPTION

BUSINESS PHONE NUMBER

BUSINESS ADDRESS

BUSINESS START DATE

OWNER INFORMATION

FIRST NAME

EMAIL

LAST NAME

MOBILE PHONE

TITLE

DATE OF BIRTH

% OWNERSHIP

SSN

HOME ADDRESS



BANKING & PROCESSING

Please provide a copy of a voided check

BANK NAME

ROUTING NUMBER

ACCOUNT NUMBER

AVG MONTHLY CARD VOLUME

AVG TRANSACTION AMOUNT

% CARD PRESENT

% CARD NOT PRESENT

Card-present and card-not-present percentages must total 100%.

AUTHORIZATION & SIGNATURE

You understand that by signing below, you are providing 'written instructions' under the Fair Credit Reporting Act, authorizing Feenix Payment Systems LLC to obtain information from your personal credit profile and other information from Equifax, TransUnion, and/or Experian to conduct a pre-qualification for credit. This process will not affect my credit score. I also give my permission for my contact information to be given to a third party lender, if applicable. I certify I have read and agree to the Electronic Disclosures: app.isoftpull.com/site/usage_terms#e-consent

SIGNATURE

DATE

PRINTED NAME

TITLE