

REOPEN MERCHANT ACCOUNT REQUEST FORM

FAX INSTRUCTIONS

Please complete the form below and fax it to:
Fax: 888-415-0052
Attn: Merchant Services
 or email to:
support@merchantserviceshq.com

MAILING INSTRUCTIONS

Please complete the form below and mail it to:
Merchant Services
21650 Oxnard Street
Ste 1200
Woodland Hills, CA 91367

BUSINESS INFORMATION

Business LEGAL Name:		Business DBA Name (if different than legal name):	
Business Legal Address:		Business Physical Address (if different than legal address):	
City, State, Zip:		City, State, Zip:	
Main Contact: (First Name) _____ (M.I.) _____ (Last Name) _____			
Phone Number (local / landline): ()	Toll Free Number (if applicable): ()	FAX Number: ()	Mobile / Cell Phone (if applicable): ()
Email Address:		Federal Tax ID# (Required for Partnerships and Corporations): <div style="border-bottom: 1px solid black; width: 100%;"></div> (9 digits)	

OWNERSHIP INFORMATION

Owner / Partner / Officer: (First Name) _____ (M.I.) _____ (Last Name) _____		Social Security #: _____ - _____ - _____	
Title in Business:	Phone Number: ()	Ownership Percentage: _____ %	Date of Birth: ___ / ___ / ____
Home Address:		City, State, Zip:	

For "Member" Bank: Wells Fargo Bank, National Association, Merchant Support Group, Walnut Creek, CA
 For "Global Direct": Global Payments Direct, Inc., 10 Glenlake Parkway North Tower, Atlanta, Georgia 30328

CARDHOLDER DATA STORAGE COMPLIANCE

Have you ever experienced an account data compromise? If yes, when? _____

I am using point of sale terminal hardware and software, or a PCI DSS Certified Internet Gateway Provider, supplied by my merchant service provider, and I confirm that I do not store cardholder data. (No further action necessary)

No, I am not using one of the above products. (Please complete the following questions.)

What third party software company/vendor did you purchase your POS Application from? _____

What is the name of the third party software? _____ Version #? _____

Do your transactions process through any other third parties, web hosting companies or gateways? Yes No

If yes, with whom? _____

Do you or your vendor receive, pass, transmit or store the full cardholder number, electronically? Yes No

If yes, where is card data stored? Merchant Third Party Only Both Merchant & Third Party GAA Export Only

1.) Are you or your vendor PCI/DSS (Payment Card Industry /Data Security Standard) compliant? Yes No

2.) What is the name of your Qualified Security Assessor? _____

3.) Date of compliance: _____ Date of last scan: _____

**** Card Association requirements dictate it is prohibited to store track data in any circumstance. Further, it is recommended that no merchant or a merchant's third party vendor store cardholder data. If you or your vendor store data, you or your vendor are required to be PCI DSS compliant. Failure to adhere to these requirements may result in fines or loss of card acceptance. ****

REQUIRED SIGNATURES

Print Name	MID#
<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold; margin-right: 5px;">Sign Here</div> Owner's Signature </div>	Date