



Merchant Payment Processing Services Referral Information Form

Thank you for your interest in Monterey County Bank payment processing services. Monterey County Bank works with Elavon, Inc., one of the largest merchant processors in the United States, to provide our customers with a wide range of products and services to support their business needs. Please complete the form below so that we may better understand your business needs.

THIS FORM IS FOR INFORMATIONAL PURPOSES ONLY. IT IS NOT AN APPLICATION OR CONTRACT FOR SERVICE.

DATE

BUSINESS INFORMATION

LEGAL BUSINESS NAME		DOING BUSINESS AS	
<input type="text"/>		<input type="text"/>	
PHYSICAL BUSINESS ADDRESS		CITY	STATE ZIP
<input type="text"/>		<input type="text"/>	<input type="text"/>
MAILING ADDRESS (If different than above)		CITY	STATE ZIP
<input type="text"/>		<input type="text"/>	<input type="text"/>
BUSINESS PHONE NUMBER	BUSINESS FAX NUMBER	WEBSITE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

BUSINESS TYPE:

Retail Restaurant Lodging Mail/Phone Order Internet Other:

GENERAL DESCRIPTION OF GOODS/SERVICES PROVIDED	EST. ANNUAL VOLUME IN CARD SALES	AVG. TICKET SIZE
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

BUSINESS STATUS	EST. DATE OF OPENING/ OWNERSHIP TURNOVER	YEAR ESTABLISHED
<input type="checkbox"/> New <input type="checkbox"/> Purchase Business	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Existing Business		<input type="text"/>

CONTACT INFORMATION

PRIMARY CONTACT NAME	TITLE	BEST TIME TO CONTACT YOU (Days/ Times)
<input type="text"/>	<input type="text"/>	<input type="text"/>
CONTACT PHONE NUMBER: (Provide as applicable)		EMAIL ADDRESS
Work: <input type="text"/>	Cell: <input type="text"/>	<input type="text"/>

Or select: A.M. P.M.

PROCESSOR INFORMATION

TYPE(S) OF MERCHANT SERVICES YOU CURRENTLY ACCEPT OR ARE INTERESTED IN:

Credit: Visa/MasterCard/Discover American Express Pin-Debit Electronic Check Service Gift/Loyalty Card

DOES THE BUSINESS CURRENTLY ACCEPT CREDIT CARDS? <input type="checkbox"/> Yes* <input type="checkbox"/> No	* NAME OF PROCESSOR?	To ensure the best quote possible, please provide 2-3 months of the most recent credit card processing merchant statements that we may review.
<input type="text"/>	<input type="text"/>	

IF YOU ANSWERED YES ABOVE, ARE YOU CURRENTLY UNDER CONTRACT? <input type="checkbox"/> Yes* <input type="checkbox"/> No	* CONTRACT EXP DATE?	ETF AMOUNT?
<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="checkbox"/> N/A

If you are unsure, please contact your current processor to inquire further, as you may be subject to an Early Termination Fee (ETF).

PROCESSING EQUIPMENT: <input type="checkbox"/> Own <input type="checkbox"/> Rent/Lease <input type="checkbox"/> N/A	TERMINAL/POS/SOFTWARE TYPE: Please include model/version # <input type="text"/>	EMV/CHIP ENABLED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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OTHER INFORMATION

OTHER MONTEREY COUNTY BANK RELATIONSHIPS - Currently open or in process, Business and/or Personal:

Checking Savings Certificate of Deposit (CD) Loan / SBA N/A: None

ANY OTHER INFORMATION YOU WOULD LIKE TO PROVIDE US: SPECIFIC QUESTIONS, CONCERNS, COMMENTS YOU HAVE?

REFERRED BY:

i.e.: Bank employee or other customer

BY SIGNING BELOW, I AUTHORIZE the Bank to share, on my behalf, information contained within and any additional non-public information necessary in order to discuss and/or establish merchant processing services with Elavon.

SIGNATURE: _____ DATE: _____

Please return this form to Monterey County Bank ATTN: **BANKCARD SERVICES OFFICE**