

MERCHANT APPLICATION

BUSINESS INFORMATION

Vendor Code: PBHCA

Legal/Corporate Name		DBA	
Physical Address		City	Province Postal Code
Mailing Address (If different from physical address)		City	Province Postal Code
Telephone Number () -	Fax Number () -	Email Address	
Province of Registration	Business Insurance Number	Date Business Started (mo/day/yr) / /	Hours of Operation
Type of Entity (Select One) <input type="checkbox"/> Corporation <input type="checkbox"/> Unlimited liability company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited partnership <input type="checkbox"/> Limited liability partnership <input type="checkbox"/> Sole Proprietorship			
Type of Business (Select One) <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Business Services <input type="checkbox"/> Consumer Services <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Other			
Product/Service Sold		Website Address	

MERCHANT/OWNER INFORMATION

Corporate Officer/Owner Name		Title	Length of Ownership Years and Months	
Home Address		City	Province	Postal Code Ownership %
Date of Birth (month/day/year) / /	Social Insurance Number	Home Phone Number () -	Cell Phone Number () -	

PARTNER INFORMATION (Required if less than 51% ownership)

Corporate Officer/Owner Name		Title	Length of Ownership Years and Months	
Home Address		City	Province	Postal Code Ownership %
Date of Birth (month/day/year) / /	Social Insurance Number	Home Phone Number () -	Cell Phone Number () -	

BUSINESS PROPERTY INFORMATION

Own/Lease	Time at This Location Years Months	Monthly Rent or Mortgage \$	Date Lease Ends(month/day/year) / /
Business Landlord or Mortgage Bank	Contact Name and/or Account No.	Office/Mobile Number () -	

OTHER INFORMATION

Current Processing Company	No. of terminals	Average Monthly Credit Card Sales C\$	Average Monthly Total Sales (Cash, Check and Credit) C\$
Requested Advance Amount C\$	Requested Daily Withholding (% of credit card receipts) %	Highest Volume Months (please circle months, or N/A if no seasonality) Jan Feb Mar Apr May June July Aug Sep Oct Nov Dec N/A	
Prior/Current Cash Advance Company (if applicable)	Current Balance C\$ (if applicable)	Do you usually close the business during part of the year? <input type="checkbox"/> Yes <input type="checkbox"/> No Details:	
Any open State/Federal Tax Liens Against Business or Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No Details:		Any Lawsuits or Judgments Pending against Business or Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No Details:	

Applicant authorizes PBH Canada its assigns, agents, bank or financial institutions to obtain and investigative or consumer report from a credit bureau or a credit agency and to investigate the references given on any other statement or data obtained from applicant.

Applicant's Signature _____ Date ____/____/____ Co-Signature _____ Date ____/____/____