

New MID/Terminal Form

For your new MID (Merchant ID) please provide the following information:

Type of Terminal _____

How Many Terminals _____

DBA Name _____

Street Address _____

City _____ State _____ Zip _____

Primary Contact _____

DBA Phone Number _____

DBA Email Address _____

Estimated Annual Credit Card Sales _____

Average Ticket Amount _____

FOAPAL _____

Describe in exact detail the products sold or services rendered to cardholders.
