

## Tell us about your business and your card processing needs.

1. Under what name is your business operating? \_\_\_\_\_
2. Is this the legal name of your business? \_\_\_\_\_
3. What is the business phone number? \_\_\_\_\_
4. What is the business address? \_\_\_\_\_
5. At what email address may we contact you? \_\_\_\_\_
6. What month and year did the business start? \_\_\_\_\_
7. How many employees does your business have? \_\_\_\_\_
8. Business Type – (select one)  
 Sole ownership  Partnership  Non-profit  Public corporation  Private corporation
9. Location Type – (select one)  
 mall  shopping area  isolated  office  other
10. If you plan to use your own equipment, please provide the name of the machine:  
POS (or terminal) \_\_\_\_\_ PIN-pad? model \_\_\_\_\_
11. What is the owner/signer's first and last name? \_\_\_\_\_
12. What is the signer's title? \_\_\_\_\_
13. What type of cards are you interested in accepting? – (check all that apply)  
 Visa\*  MasterCard\*  Discover\*  American Express\*  gift cards

**FAX COMPLETED FORM TO  
THE USRA OFFICE 866-929-6068  
OR CONTACT US FOR MORE INFO!**

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