

Automated Merchant Processing, LLC
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New Merchant Questionnaire:
Please complete & fax back to 866-274-0406

1. What is the legal name (and applicable DBA) of business: _____
2. What is the **length** and **type** of current ownership? _____
Sole Proprietor Corp. LLC Other
3. Type of business location? Retail Office Home-based Other
4. Number of locations? _____
5. Type of product or service sold? _____
6. Method for processing payments (i.e. in person, fax, phone, online)? _____
7. Do you need recurring billing set up, and/or e-check services? _____
8. Expected monthly volume of credit card sales? \$_____
9. Expected average & highest sale amount? AVG: \$_____ HIGH: \$_____
10. Currently Accepting Credit Cards (circle all that apply)? Yes No
 Visa MasterCard AMEX Discover PayPal
11. Contact Person: _____
12. Email address & Website: _____

"You are a trusted partner on 'THE TEAM.' Thank you."
Larkland Campbell, Jamaican Spice Restaurant & Full Mi Belly, Beacon & Albany, NY

"I noticed that your rates are much better than the other companies I have been researching. Your company looks like the most organized out of all the companies I have researched. And you have been the most upfront and helpful out of all the companies I personally contacted. Thanks again for your attention, professionalism and great business ethic!"

Vanessa Baculo, President, CTG Promotions, Inc., Miami, FL