

## Business Information

### SECTION I.

Legal Business Name \_\_\_\_\_

Legal Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Contact Information

### SECTION II.

Contact's Name \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

Contact's Email \_\_\_\_\_

Do you currently process credit cards? (Check one)  Yes  No

*If you answered YES to the above question, please fill out the questions below.*

Who is your current credit card provider? \_\_\_\_\_

Estimated Monthly Card Volume \_\_\_\_\_

### SECTION III.

5LINX Rep Use Only: Please submit this form with the company's most recent credit card statement.

**1. Via Fax 866-514-8242**

**2. Email: 5linxps@touchsuite.com**

Questions? Call: 844-260-1793

To be filled out by 5LINX Representative:

\_\_\_\_\_  
5Linx RIN

\_\_\_\_\_  
5Linx Rep

\_\_\_\_\_  
5Linx Rep Email

\_\_\_\_\_  
Mobile Phone #

**CREDIT CARD STATEMENT MUST BE INCLUDED TO ALLOW FOR PROPER QUOTING.**