



QUICK APPLICATION

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JG Consulting Group, Inc.

| BUSINESS INFORMATION | | | | | |
|---|--------------|----------------|---|------------------------|---------------------|
| BUSINESS/LEGAL NAME | | DBA NAME | | Sole Owner Corporation | Partnership LLC |
| LOCATION ADDRESS | | CITY | STATE | ZIP | HOW LONG AT ADDRESS |
| SHIPPING ADDRESS | | CITY | STATE | ZIP | TIME IN BUSINESS |
| CONTACT | | BUSINESS PHONE | BUSINESS FAX | | BUSINESS HOURS M-F |
| FEDERAL TAX ID # (CORP/LLC ONLY) | E-MAIL | | WEB ADDRESS | | |
| TYPE OF BUSINESS | PRODUCT SOLD | | EVER PROCESSED CARDS BEFORE NO YES IF YES, NAME OF PROCESSOR | | |
| HAVE YOU OR ANY ASSOCIATED PRINCIPAL DEISCLOSED BELOW EVER FILED FOR BANKRUPTCY OR BEEN SUBJECT TO ANY INVOLUNTARY BANKRUPTCY? NO YES DATE: | | | # OF LOCATIONS | SIC / MCC CODE | |

| PERSONAL INFORMATION (COMPLETED INFORMATION REQUIRED IN ORDER TO COMPLY WITH SECTION 326, USA PATRIOT ACT OF 2001) | | | | | |
|--|--|---------------|------------------|-----------------|----------|
| PRINCIPAL NO. 1 NAME | | TITLE | % OWNERSHIP | RESIDENCE PHONE | |
| SOCIAL SECURITY # | | DATE OF BIRTH | DRIVER LICENSE # | | STATE |
| RESIDENCE ADDRESS | | CITY | STATE | ZIP | HOW LONG |
| FORMER ADDRESS (if less than 1 year) | | CITY | STATE | ZIP | |
| PRINCIPAL NO. 2 NAME | | TITLE | % OWNERSHIP | RESIDENCE PHONE | |
| SOCIAL SECURITY # | | DATE OF BIRTH | DRIVER LICENSE # | | STATE |
| RESIDENCE ADDRESS | | CITY | STATE | ZIP | HOW LONG |
| FORMER ADDRESS (if less than 1 year) | | CITY | STATE | ZIP | |

| Type of Business (check all that apply): | Transaction Methods (check all that apply): | Interested In (check all that apply): |
|---|--|--|
| Retail Store Front Restaurant Office-Based Home-Based Trade Show Hotel-Based Other: | Face-To-Face Telephone Mail Order Fax Internet Website Delivery Service 45 – 90 Day Same As Cash Other: | Credit Card Terminal - Hardwired or Wireless POS Cash Register System / Surveillance System Check Acceptance System Gift / Loyalty Card System Consumer Finance / Cash Assistance Program Medical Suite of over 8 programs Website / Shopping System / Fraud Screening Other: |

ACCEPTANCE

I agree the information provided above is accurate and authorize you to establish the accounts that I have requested. I authorize JG Consulting Group, Inc., its agents or affiliates to obtain any needed credit information from any major credit-reporting agency. I also realize that I will be provided with additional forms to fill out for any products and / or services needed to establish said products and / or services. In case I fail to return these applications to JG Consulting Group, Inc I understand that I forfeit any agreed to set up and / or application fees.

By selecting I AGREE box below, I accept the terms DATE:
 and conditions as stated above.

I AGREE

I DO NOT AGREE