



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