



Gateway Account Application

(Vital Platform)

Company Information

Company Name: _____

Address: _____

City, State, Zip: _____, _____, _____

Phone, Fax: _____, _____

Business Type: Partnership - Sole Proprietorship – Corporation or LLC – Non Profit - Trust

Tax ID, Age of Business, Industry Type: _____, _____(yrs.), _____

Products Sold: _____

Recurring Billing: Yes / No (Circle One)

Shipped Goods: Yes / No (Circle One)

Subscription Sales: Yes / No (Circle One)

Owner/Principal Information

Full Name: _____

Title: _____

Social Security Number (Required): _____

Home Address (If different from above): _____

City, State, Zip: _____, _____, _____

Home Phone (If different from above): _____

Merchant Configuration Information

Merchant Account Bank Name: _____

Login ID (6-12 Characters): _____ (You Choose, Please NO symbols or spaces)

Password: 123456 (Temporary)

E-mail Address: _____

Acquirer BIN: _____ (6 digits)

Agent Bank Number: _____ (6 digits)

Agent Chain Number: _____ (6 digits)

Category Code: _____ (4 Digits)

Merchant Number: _____ (12 digits)

Store Number: _____ (4 digits)

Terminal Number (TID): _____ (4 digits)

Accepted Cards

Please indicate the cards that your account is **authorized** to accept:

Visa/MasterCard - Discover - American Express - JCB - Diners Club - Enroute

Billing Information

Bank Name: _____

Bank ABA Code (9 digits): _____

Bank Account #: _____

Authorize.Net Account Fees

One Time Technology License/Setup Fee (One Time): \$ 299

Gateway Fee (Monthly): \$ 15

Credit Card Per Transaction Fee: \$.25

Your signature confirms acceptance of these fees.

Full Name

Date