

DISCOVER MERCHANT INFORMATION FORM

*** MERCHANT INFORMATION FORM ***

CORP. NAME : _____ EXISTING DISCOVER ID _____

NAME OF ACCOUNT (dba): _____ (40 Characters Max.)

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PHONE: (____) _____ - _____ FAX: (____) _____ - _____

PRIMARY CONTACT: _____ EXT: _____ EMAIL ADDRESS: _____ - _____

WEB ADDRESS: _____

THIS AGENCY WILL ACCEPT CREDIT CARDS FOR PAYMENT OF _____
Average Ticket Amount \$ _____

Processor Name, _____

SETTLEMENT INFORMATION (ACH)

Firm name at bank _____

Settlement Information:

Bank Name: _____ Phone : (____) _____ - _____

ABA Transit Routing Number: _____ Account Number _____

Debit fees and/or adjustments from the following account if different from depository account above:

Bank Name: _____ Phone : (____) _____ - _____

ABA Transit Routing Number: _____ Account Number _____

Chargeback Credit and Debits from the following account if different from depository account above:

Bank Name: _____ Phone : (____) _____ - _____

ABA Transit Routing Number: _____ Account Number _____

REPORTING

Please send mailed reports as follows:

Merchant Daily Letter to: _____
(Address) (City) (ST) (Zip) (Attn.)

Monthly Statements to: _____
(Address) (City) (ST) (Zip) (Attn.)

Chargebacks & Ticket Retrieval Requests to : _____
(Address) (City) (ST) (Zip) (Attn.)

This agency prefers to receive reports electronically via email _____ or the Internet _____ (check one)

.....

Prepared by: _____ Title: _____ Date: _____

Signature: _____

Please return this form by email to junesailas@discover.com or fax to 303-252-4687
If you have any questions on completing this form, please contact June Sailas at 303-252-4483

(TO BE COMPLETED BY DISCOVER CARD: SIC CODE- _____ DISCOUNT RATE- _____)