

Business / Ownership Information Form



Please complete the following information regarding your business and business bank account. Automated Payment Systems is authorized to obtain credit information on the bank account and on other creditors as needed.

Full Legal Entity Business Name _____

Business Type: ___ Corporation ___ LLC ___ Partnership ___ Sole Proprietorship

Tax ID Number or Social Security Number _____

Business Address _____

City, State, Zip _____

Phone Number _____ Fax Number _____

E-Mail / Web Address _____

Years in business _____

Description of Services _____

Owner / Officer Name _____

Owner / Officer Title _____

Owner / Officer Social Security Number _____

Home Address _____

City, State, Zip _____

Home Phone Number _____

Authorized Contacts:

Name	Title	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bank Account Information: *(Attach voided check)*

Bank Name _____

Branch _____

Bank Account Number _____

Authorized by Owner / Officer:

Name _____

Title _____

Signature _____

Date _____