

BNA BUSINESS INFORMATION FORM

BNA Sales Rep Name		Date – DD/MM/YY	
ISO Name/ISO Rep Name			
		Billing Language – Eng/Fr	English
Legal Corporate Name			
Operating Name		Date Legal Established	
GST Business Number		Date DBA Established	
Type of Business			
Operating Street Address		Number of Employees	
City		Phone Payment Accepted – Y/N	
Province		- If So, % of Total Sales	%
Postal Code			
(Area Code) Phone #		Internet Payment Accepted – Y/N	
(Area Code) Fax #		- If So, % of Total Sales	%
Website Address			
Billing Address, if different		Storefront Operation – Y/N	
Billing Contact Name			
Street Address		Seasonal Operation – Y/N	
City			
Province		Is Merchant Part of a Chain – Y/N	
Postal Code		- If So, Attach List of Locations	

Please provide banking information for the corporate account(s) deposits will be made to

Bank	Transit #	Account #	Chargeback Contact	
			(Area Code) Phone #	
			(Area Code) Fax #	
			Email Address	

CORPORATION SOLE PROPRIETOR GOVERNMENT OTHER

	Applicant - Personal Information		
Applicant Name		Title	
Home Street Address			
City			
Province			
Postal Code			
Home (Area Code) Phone #			
Email Address			
DOB – DD/MM/YY			

TERMINAL SET UP INFORMATION – Receipt Details

NOTE: Credit/Interac rules and regulations dictate that the following information MUST appear on transaction receipts. 24 character/spaces maximum width, only	
Operating Name	
Street Address	
City, Province, Postal Code	
(Area Code) Phone #	

NOTE: If merchant requires HEADER/FOOTER on receipts, please attach details.