

This program application form is being submitted by a company or organization ("Company") that wishes to disburse net pay to their employees, members or agents through a stored value MasterCard® Debit Card provided by Major Financial Services, Inc. ("Major").

COMPANY INFORMATION	COMPANY NAME			CONTACT INFORMATION	NAME OF PRINCIPAL		TITLE	
	STREET ADDRESS				E-MAIL ADDRESS		DIRECT PHONE	
	CITY		STATE		ZIP	NAME OF ACCOUNTING CONTACT		TITLE
	BUSINESS PHONE	EXTENSION	FAX		E-MAIL ADDRESS		DIRECT PHONE	
	TYPE OF ORGANIZATION <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Other				NAME OF TECH CONTACT		TITLE	
	STATE OF ORGANIZATION		TAX ID NUMBER/EIN		E-MAIL ADDRESS		DIRECT PHONE	
	YEARS IN BUSINESS UNDER THIS NAME	TYPE OF BUSINESS			ADMINISTRATIVE/AUDIT E-MAIL ADDRESS <i>Card activation and account notices will be sent to this address</i>			
WEB ADDRESS			REVENUES FOR PRIOR TAX YEAR <input type="checkbox"/> Less than \$1 mil <input type="checkbox"/> \$1 mil - \$5 mil <input type="checkbox"/> \$5 mil - \$10 mil <input type="checkbox"/> Over \$10 mil					
PLEASE DESCRIBE PRIMARY BUSINESS AND HOW THE PAYCARD WILL BE USED								
PAYROLL INFORMATION	PAYROLL TYPE <input type="checkbox"/> Corporate <input type="checkbox"/> Staffing <input type="checkbox"/> Independent Sales <input type="checkbox"/> Members <input type="checkbox"/> W2 Employees <input type="checkbox"/> W9 Employees							
	PAY TYPE <input type="checkbox"/> Weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____							
	HOW IS YOUR PAYROLL PROCESSED <input type="checkbox"/> In House <input type="checkbox"/> Outsourced – Vendor: _____				DOES YOUR COMPANY CURRENTLY OFFER DIRECT DEPOSIT <input type="checkbox"/> Yes <input type="checkbox"/> No			
	BANK NAME			BRANCH				
	ABA #		ACCOUNT #			DO YOU HAVE A MERCHANT ACCOUNT? <input type="checkbox"/> Yes <input type="checkbox"/> No		
AUTHORIZATION	By signing this Application, I authorize Major or its agents to investigate my personal and business credit and financial records including my banking records. As part of such investigation, I authorize Major to request and obtain consumer credit reports on me in connection with the opening, monitoring, renewal and extension of this and other accounts with Major and the marketing of other products and services to me and my business, by Major. I further authorize Major to share the information received from my consumer credit report with Major's parent, subsidiaries, and affiliates and others if applicable. If I request, you will tell me whether my consumer credit report was requested and, if so, the name and address of the consumer credit reporting agency that furnished the report.							
	CLIENT SIGNATURE _____			TITLE _____				
	PRINT NAME AND TITLE _____			DATE _____				
REVIEW AND ACCEPTANCE	OFFICER SIGNATURE _____			TITLE _____				
	PRINT NAME _____			DATE _____				

Fax Completed and Signed Agreement to 817-887-5307

O F F I C E U S E O N L Y		
ISO/RESELLER _____	ISR _____	<input type="checkbox"/> Lead Generated