



CORNERSTONE
MERCHANT SERVICES, INC

BNI MEMBERS FORM

Please fill in all form fields and fax to 702-880-8119

Sole ___ Partnership ___ LLC ___ INC ___ EIN # _____

Legal Name _____

DBA _____

Business Start Date _____ Hours of Operation _____

Install Address _____ Mailing Address _____

City, State, Zip _____

Business Phone # _____ Fax # _____

Owners Name _____ Eq. Ownership _____

Home Address _____

City, State, Zip _____

Home Phone # _____ Cell Phone # _____

Social Security # _____ Date of Birth _____

Bankruptcy? Y or N Year _____ Cancelled by Visa/MC? Y or N Year _____

Trade Ref 1 _____ Phone _____

Trade Ref 2 _____ Phone _____

Bank Ref _____ Phone _____

How long have you been with your current merchant provider? _____

Machine Type _____ Do you own the equipment? Y or N

Lease Info _____

Card Swiped % _____ Card Keyed % _____

Do you take: American Express Y or N Discover Y or N

American Express # _____ Discover # _____