

1. Dealer Business Name and Address
2. Dealer Contact & Telephone Number
3. POS System/Type of Connection
4. Should we return the application to the merchant or dealer for signatures?
5. What email or fax number would you like us to send your application to?

**PLEASE RETURN THIS PRE-APPLICATION BY MAIL OR FAX TO:
Mercury Payment Systems (mailing address below)
FAX #: 970-385-3436**

**** Please attach a Voided
Pre-Printed Business Check Here ****

