RAP By Discover Network

RAP Member Name: Card One International
Member Number: 1601360827
Member Fax Number: (310) 826-5100

Merchant Sales Referral Form

Business Information: Check one **Corporation** **Partnership** **Sole Proprietor**
Check if applies **Internet (address)** _____ **OOH / Mail Order /Phone order**
Change of ownership (old owner's number) _____

Type of Business or Service _____

Business Name (DBA) _____

Corporate Name if different _____

Corporate Federal Tax ID (only if Business is incorporated) _____**(9 digits)**

Business address _____

City _____ **State** _____ **Zip** _____ **Phone** _____

Mailing address if different _____

Years at location _____ **Years in business** _____

Average ticket _____ **Discount rate** _____ **Membership fee** _____

Personal Information:

Owner/principal name _____**Title** _____

Social Security # _____**(9 digits)**

Bank Information:

Name on check _____

ABA/ Routing # _____**(9 digits)** **DDA/Account #** _____
Checking **Savings**

Business Trade Reference:

Name _____ **Phone** _____**Contact** _____