



David Winsen

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## Cannabis Merchant Processing Pre- Qualification Application

### Required Documents

**Please attach the following documents with this form:**

- Articles of Incorporation
- Cannabis License
- EIN Letter / Number
- Government Issued Photo ID
- Voided Check
- 3 months bank statements
- 3 months merchant processing statements (IF AVAILABLE)

**Agents Name:**

## Tell Us About Your Business

**Merchant Corporate Legal Name \*:**

**Merchant Business Name (Doing Business As):**

**Merchant Address \*:**

**Merchant City**

**Merchant State \***

**Merchant ZIP \***

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Business Phone \***

**Business Web Address**

<input type="text"/>	<input type="text"/>
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**Business Contact Name**

**Products/Services Sold \***

<input type="text"/>	<input type="text"/>
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# Additional Business Information

**State Incorporated**

**Month & Year Started**

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**Federal Tax ID #**

**Number of Employees**

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## Ownership Type\*

Sole Proprietorship

Partnership

Non-Profit

Public Corporation

Private Corporation

Limited Liability Corporation

Medical Corporation

Legal Corporation

Government

Association / Estate / Trust

501c *(please include your 501c documents)*

**Yearly Sales Volume**

**Average Ticket Amount**

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**Highest Ticket Amount**

**Equipment Type**

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# Ownership Information

## Number of Owners \*

1

2

3

More than 3

Provide the following information for each individual who owns, directly or indirectly 25% or more of the equity interest of your business. If no owners have 25% ownership, list a managing director.

# Owner/Officer 1

**Owner 1 Full Name \***

**Owner 1 Drivers Lic # & State**

**Owner 1 Date of Birth**

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**Owner 1 SSN**

**Owner 1 Ownership %**

**Owner 1 Title**

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**Owner 1 Address**

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**Owner 1 City**

**Owner 1 State**

**Owner 1 ZIP Code**

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**Owner 1 Home/Cell Phone**

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# Owner/Officer 2

**Owner 2 Full Name \***

**Owner 2 Drivers Lic # & State**

**Owner 2 Date of Birth**

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**Owner 2 SSN**

**Owner 2 Ownership %**

**Owner 2 Title**

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**Owner 2 Address**

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**Owner 2 City**

**Owner 2 State**

**Owner 2 ZIP Code**

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**Owner 2 Home/Cell Phone**

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