



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 / Form SS-4
- 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

--	--	--

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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