



The Universal Collection Solution from Systems East, Inc.

## Client Profile



# Client Profile

## Demographic Information

Owner/corporation/municipality name	
DBA name (if different)	
Structure (check one)	<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability corporation (LLC) <input type="checkbox"/> S corporation <input type="checkbox"/> C corporation
Physical address City, state, zip code	
Billing address (if different) City, state, zip code	
Office telephone number	
Customer service number	
Fax number	
Number of employees	
Longevity	Years established: Years under current ownership:
Federal tax ID number	
Web site address (URL)	

## First Responsible Party (person to have jurisdiction over the merchant account)

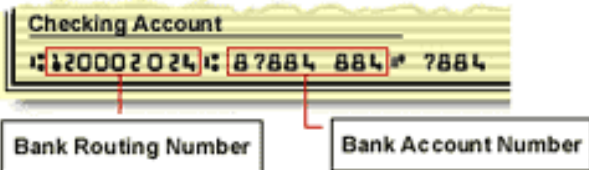
Name and title	
Email address	
Date of birth, percentage of ownership	DOB: _____ %:
Home address, city, state, and zip code	
Ownership & length	<input type="checkbox"/> Owned or <input type="checkbox"/> rented for _____ years
Social security number	
Driver's license	State: _____ Number: _____ Issue date: _____ Expiration date: _____
Have you ever declared bankruptcy? If yes, attach discharge documents)	<input type="checkbox"/> No <input type="checkbox"/> Yes, in _____ (year)
Are you currently involved in any pending legal actions?	<input type="checkbox"/> No <input type="checkbox"/> Yes (attach description)

# Client Profile

**Second Responsible Party: Please complete these items only if your firm is a partnership or corporation in which the first responsible party (above) has an interest of 50% or less**

Name and title	
Email address	
Date of birth, percentage of ownership	DOB: _____ %:
Home address, city, state, and zip code	
Ownership & length	<input type="checkbox"/> Owned or <input type="checkbox"/> rented for _____ years
Social security number	
Driver's license	State: _____ Number: _____ Issue date: _____ Expiration date: _____
Have you ever declared bankruptcy?	<input type="checkbox"/> No <input type="checkbox"/> Yes, in _____ (year)
Are you currently involved in any pending legal actions?	<input type="checkbox"/> No <input type="checkbox"/> Yes (attach description)

## Financial institution information for account to receive proceeds from payments

Bank account type (check one)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank name	
Bank contact person	
Bank address	
Bank area code and telephone number	
9-digit bank routing# (see image below)	
Bank account# (see image below)	
Sample from the bottom left of a typical check. It is provided to assist you in ascertaining the routing and account numbers required above.	

# Client Profile

## Additional information

Types of payments to be collected (insurance premiums, taxes, rent, utilities, parking tickets, donations, etc.)	
Do you currently accept credit/debit cards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, merchant provider name (also please provide three most recent statements)	<input type="checkbox"/> Attached
Email address to receive payment notifications	

### Please attach the following:

- Balance sheet as of the close of the two most recent fiscal years
- Profit & Loss Statement as of the close of the two most recent fiscal years
- A voided check from the bank account to receive payment proceeds
- A complete copy of all pages of the two most recent bank statements for the account to receive payment proceeds (accompanying cancelled checks are not needed)
- A government-certified document substantiating the formation of your organization
- Proof of signatory authority for this organization (such as articles of incorporation and board minutes, letter on company stationery from the corporate secretary, etc.)

Note: additional information may be required based on the outcome of the review by the merchant service provider