

Heartland Boarding Request Form

Company Information

DBA Name: _____

DBA Address: _____

DBA Phone Number: _____

Number of Years in Business: _____

Corporation/Legal Name: _____

Corporation/Legal Address: _____

Corporation/Legal Phone Number: _____

Type of Business: Private Public

Type of Ownership: Corporation LLC Government

IRS Reporting: Corporation Partnership Disregarded Entity (Single Member LLC)

Owner Information

Owner First and Last Name: _____

Owner Home Address: _____

Length at Home Address: _____

Owner Cell Phone Number: _____

Owner Social Security Number: _____

Owner Date of Birth: _____

Owner Percent of Equity: _____

In accordance with the KYC guidelines, Heartland is required to collect the personal information for any individual with 25% or more equity, or anyone that will be a signer on the account. If there are additional parties that meet these criteria that have not been listed, please provide their information in the bottom section of page 2.

Location Detail

Primary Contact First and Last Name: _____

First and Last Name for Online Reporting Access: _____

Email Address for Online Reporting Access: _____

Estimated Annual Credit Card Volume: _____

Estimated Average Ticket: _____

Federal Employee Identification Number (FEIN): _____

Store Number (to be provided by Ewing Oil Co.): _____

Date of Conversion: _____

Card Acceptance

Accept Visa, MasterCard, and Discover: Yes No

Accept Debit: Yes No

Accept Debit at Dispenser: Yes No

Accept American Express: Yes No

Account number if volume is over \$1 M annually: _____

Accept EBT: Yes No Cash Back (if applicable): Yes No

EBT FNS Number (if applicable): _____

Accept Fuelman: Yes No

Fuelman Account Number (if applicable): _____

Accept Fleet One: Yes No

Fleet One Account Number (if applicable): _____

Accept Amazon Delivery Service Cards (Voyager): Yes No

Amazon Account Number (if applicable): _____

Equipment Information

POS Type: _____

PIN Pad Type: _____

Communication Method (Dial-up or IP): _____

Outdoor EMV Card Readers: Yes No

Additional Owner/Officer Information (if applicable)

Full Legal Name: _____

Title: _____

Home Address: _____

Phone Number: _____

Date of Birth: _____

Social Security Number: _____

Percent of Equity: _____

Is owner/officer signer on the account: Yes No

If there are additional parties that meet these criteria that have not been listed, please provide their information on page 3.

PLEASE ATTACH A COPY OF A VOIDED CHECK OR BANK LETTERHEAD FOR DEPOSIT ACCOUNT.

Additional Owner/Officer Information (if applicable)

Full Legal Name: _____
Title: _____
Home Address: _____
Phone Number: _____
Date of Birth: _____
Social Security Number: _____
Percent of Equity: _____
Is owner/officer signer on the account: Yes No

Additional Owner/Officer Information (if applicable)

Full Legal Name: _____
Title: _____
Home Address: _____
Phone Number: _____
Date of Birth: _____
Social Security Number: _____
Percent of Equity: _____
Is owner/officer signer on the account: Yes No

Additional Owner/Officer Information (if applicable)

Full Legal Name: _____
Title: _____
Phone Number: _____
Date of Birth: _____
Social Security Number: _____
Percent of Equity: _____
Is owner/officer signer on the account: Yes No

Additional Owner/Officer Information (if applicable)

Full Legal Name: _____
Title: _____
Home Address: _____
Phone Number: _____
Date of Birth: _____
Social Security Number: _____
Percent of Equity: _____
Is owner/officer signer on the account: Yes No