



ENROLLMENT FORM

888.848.3812 · Dealer-Pay.com

(All fields are required)

Legal Name

This is your legal business name.

Doing Business As Name (DBA)

Leave blank if none.

Business Phone Number

Email

Website URL

Start Date of Business

Ownership Type

Federal Tax ID Number

Street Address

Address Suite #

City

State/Region

Postal Code

Business Principal Information

Principal's Full Name

Principal's Title

Percentage of Ownership

Principal's Street Address

Principal's Address Suite #

City

State/Region

Postal Code

Principal's Date of Birth

Principal's Last 4 Digits of SSN

Contact Name

Contact Phone Number

Banking Information

Account Holder Name

Name on Bank Account

Bank Name

Bank Account Type

Personal or Business Account

Transit Routing Number

Account Number

Solution Details

Service Type

Enrollment/Implementation Fee

Credit/Debit Card Processing

Hardware Type

Hardware Per Item

ACH Debit Only

ACH/ Check Debit w/ verification

ACH/ Check Debit w/ guarantee

Integrated Software Fee

Monthly

Annually

Submit Secure Form