



Sales Representative Registration

Please Type:

Sales Organization: VALUE MERCHANT SERVICES LLC		
Client group #: 17	Entity #: 44503	Short name: MS000VMS
Representative Name:	Date Hired:	
Home Address:	E-mail:	
City, State, Zip:		
Home Phone #:	Fax #:	
Social Security #:	Driver's License # & State:	
Have any of the principals ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have any of the principals or the applicant ever filed for bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you previously sold bankcard processing services? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If Yes, what was the company name you sold for?		
Dates employed by the above?	From:	To:
Previous employer address:		
Previous employer phone #:		
If you have not previously sold bankcard processing please complete the following employer information.		
Name:		
Address:		
City, State, Zip:		
Phone #:	Type of Business:	
Title:	Employed From:	To:

To induce Elavon, reliance thereon, I certify that by my signature below, the accuracy of all the foregoing information and authorize Elavon, credit bureaus, or other agencies employed by Elavon, to investigate/verify all references provided herein and all statements of other data obtained from me or other persons pertaining to my work experience, credit or financial responsibility.

By signing below I further certify my understanding that 1.) I may not represent to any party or business entity products of Elavon, using any business name than "Sales Organization" name listed at the top of this form: and 2.) By signing the Merchant Premise or Site Inspection for any merchant application, I am certifying, subject to criminal penalties for false certification, that I personally conducted the premise or site inspection.

Sales Representative signature

Date