



Merchant Name: _____

Date: _____

MID: _____

Agent: _____

Sales Manager: _____

Marketing Rep: _____

Coastal Pay

2445 Impala Dr.

Carlsbad, CA 92010

Office: 888.266.1715

Fax: 888.266.1716

www.coastalpay.com

Autobatch: Y / N Time: _____ AM / PM

Equipment: _____

Special Instructions: _____

Tips: Y / N

Servers: Y / N

Ethernet: Y / N

Pin Pad: Y / N

Amex: Y / N

Gift Cards: Y / N

	DOCUMENTS	MUST INCLUDE
	Copy Of Driver's License	Must show signature
	Copy of Business License	Must be current
	Voided Check	Must be original. If no check available then a bank letter with account number and routing number on bank letterhead.
	American Express Account: _____	American Express One Point for Amex volume under \$5,000.
	Federal Tax ID: _____	Sole Proprietor's can use Social if they do not have a FTID or EIN.
	POS System Company: _____ Phone: _____ Software: _____ Serial #: _____	Required for integration. Notes: _____
	EBT: _____	Must have pin pad.
	Previous Processor Cancellation \$ _____	Must contact Customer Service after you have been processing for 30 days.

FAX ALL DOCUMENTS TO OUR SECURED LINE AT 888.266.1716