

Authorize.net Gateway Kit

Check List:

- Copy of a Voided Company Check
- Business or Company Website URL
- Complete, Sign and Fax all Documents

Fax Number:

305-397-1338

Signup Questions:

info@spartadata.com

Our Website:

www.spartadata.com

Monthly Gateway Access Fee:

\$15

Per Transaction Fee:

.15¢

Authorize.net Gateway Only Kit

BUSINESS INFORMATION					
Client's Business Name (<i>Doing Business As</i>):			Client's Corporate/Legal Name (<i>Use Also For Headquarter's Information</i>):		
Business Address (<i>No P.O. Box</i>):			Billing Address (<i>If Different Than Location Address</i>):		
City:	State:	Zip:	City:	State:	Zip:
Location Phone #:	Location Fax #:	Contact Name:			
Business E-mail or Website Address:		Contact Phone #:	Contact Fax # / E-mail Address:		
Send Retrieval Requests to: <input type="checkbox"/> Business Location <input type="checkbox"/> Corp/Legal Location			Send Merchant Monthly Statement to: <input type="checkbox"/> Business Location <input type="checkbox"/> Corp/Legal Location		
<input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETORSHIP: State in which Certificate of Assumed Name Filed: _____ State: _____		<input type="checkbox"/> TAX EXEMPT ORGANIZATION (501C) State: _____		<input type="checkbox"/> GOVERNMENT (Federal, State, Local)	
<input type="checkbox"/> CORPORATION – CHAPTER S, C State: _____		<input type="checkbox"/> INTERNATIONAL ORGANIZATION Location Filed: _____		<input type="checkbox"/> LIMITED LIABILITY COMPANY State Filed: _____	
<input type="checkbox"/> MEDICAL OR LEGAL CORPORATION State: _____		<input type="checkbox"/> ASSOCIATION/ESTATE/TRUST State Filed: _____		<input type="checkbox"/> PARTNERSHIP State Filed: _____	
FEDERAL TAX ID #:		Detailed Explanation of Type of Merchandise, Products or Services Sold:			
SIC/MCC:					

OWNERS / PARTNERS / OFFICERS					
OWNER / PARTNER / OFFICER 1			OWNER / PARTNER / OFFICER 2		
Name: (<i>First, MI, Last</i>)		% Ownership:	Name: (<i>First, MI, Last</i>)		% Ownership:
Title:			Title:		
Home Address: (<i>No P.O. Box</i>)			Home Address: (<i>No P.O. Box</i>)		
City:	State:	Zip:	City:	State:	Zip:
Telephone #:			Telephone #:		
Social Security #:			Social Security #:		
D.O.B.:	DI #:	State:	D.O.B.:	DI #:	State:
SETTLEMENT INFORMATION					
Deposit Bank:			Bank Contact:		
Transit / ABA #:			Deposit Account #:		

Website URL: _____

Business Name as it should show on customer statements _____

Client's Business Principal/Officer:

Signature **X** _____ Title _____ Signature **X** _____
 Print Name of Signer _____ Date _____ Print Name of Signer _____