

Application Information Needed: 1) On anyone who owns directly or indirectly, 25 percent of more of the equity interests of your business and; 2) An individual with significant responsibility for managing the legal entity

- 🐾 Owner First and Last Name:
- 🐾 Email Address:
- 🐾 Mobile:
- 🐾 Owner Residential Address:
- 🐾 Years at this address:
- 🐾 Date of Birth:
- 🐾 Social Security Number:
- 🐾 Driver's License: Issued Number, State, Expiration Date
- 🐾 Ownership Percentage:

Business Information Needed:

- 🐾 Legal Business Name:
- 🐾 Doing Business As:
- 🐾 Years in Business (Month/Date/Year):
- 🐾 Business Type: Sole Proprietor, Partnership, Corporation or LLC, Non-Profit, or Trust
- 🐾 Website URL:
- 🐾 Business Phone:
- 🐾 Business Address:

Billing Information Needed:

- 🐾 Needed to Credit the ZiftPay Account: Bank Account Information:
 - Banking Institute
 - Name on Account
 - Account Type: Personal or Business
 - Routing Number
 - Account Number

Financial Documents Needed:

- 🐾 A copy of the applicants Driver's License
- 🐾 A copy of the voided check where funds will be received, and monthly services fees are to be deducted from. Please note, starter checks are not accepted.