



Consultant William John McCloskey  
WJMT COMMERCIAL LENDING  
WWW.WJMT.COM

## Client Application

BUSINESS INFORMATION			
Legal Name	DBA		
Mailing Address	City	State	Zip
Federal Tax ID	Telephone	Fax	
Primary Contact	Name of Processor		
Years w/ Processor	Merchant ID Number		

OWNER, OFFICER OR AUTHORIZED EMPLOYEE		
Name & Title	E-mail Address	Last 4 digits of SS #
Can we e-mail your monthly analysis? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Corporate Resolution/Business Entity Acknowledgement of Acceptance/Individual Signature of Sole Proprietor**

The indicated officer(s), owner(s), or employee(s) below have the authorization to execute the Client Application on behalf of the here within named corporation or business entity and that they acknowledge receipt of all Terms and Conditions on the reverse side of this agreement. Merchant understands this agreement is in effect as of the date below. I hereby authorize MA (MA is defined as my financial consultant and any of MA's audit team) to converse with my current credit card processor on behalf of above named merchant in order to get a current credit card statement, discuss the current rate structure, and negotiate.

X \_\_\_\_\_  
 Print Name

X \_\_\_\_\_  
 Signature Date

Due to privacy regulations this application must be signed in order for MA to accept a copy of your statement for review and to negotiate with your processor.

PAYMENT METHOD		
Name of Bank	Account Number*	Routing Number*
Credit Card Number	Expiration Date	CVV2

\* If paying by credit card, banking information is still necessary for negotiating with merchant's processor.\*

**THIS AGREEMENT IS IN EFFECT  
 IF AND ONLY IF MA SAVES YOU  
 A MINIMUM OF \$30**

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