

LEASE/BUY INFORMATION FOR NEW ATM LOCATIONS

MERCHANT OWNED

Please send copies of your driver's license, business license, and a voided check

Location Information:

Location Name: _____ Type of Business: _____

Address: _____

City, State, Zip: _____ Location Phone Number: _____

How Long in Business: _____ ()Years ()Months Location Tax ID: _____

Owner Information: *Please Send Copy of Driver's License*

Owner Name: _____ Email: _____

Home Address: _____

City, State, Zip: _____ Phone Number: _____

Social Security Number: _____

Copy of Driver's License: _____ / _____ / _____ _____ / _____ / _____

DOB

DL#

State

Exp Date

Business Information: *Please Send Copy of Business License*

Legal Business/Corporate Name: _____

Business Address: _____

City, State, Zip: _____ Federal Tax ID: _____

Bank Information: *Please Send Copy of Voided Check*

Routing Number: _____

Account Number: _____

4463 Helton Drive Florence, AL 35630



sws@cvdusa.com



capitalatmsusa.com



256.766.0010

