

Merchant Online Enrollment Form

(In reference to page 5 of your New Merchant User Guide)

Please complete and fax to 818-991-9635

I would like to have the ability to view my credit card processing activity and monthly statements online. I understand that there is a monthly fee of \$5.00 associated with this ability.

Date of Request: _____

Name of Business: _____

Merchant Number: _____

Name of individuals that will need access

	First Name	Last Name	e-mail address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

By signing below, I authorize Member and Global Pay to allow the individuals listed above to have online access to my processing activity.

X _____
Merchant Signature (request for service must be signed by owner/same name that appears on the application)

After faxing in your paperwork you should receive an e-mail confirmation that you are now able to view your account on line. Enclosed in the e-mail will be your User name and Password. Please allow 5 days to receive your log-in instructions.