

CLOVER Pre-application
Please complete and send back to:
Angie Ray
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Cell: 423-480-7727
Fax: 402-934-1805



Equipment Requested: _____
Number of devices: _____
Rent or Buy: _____

BUSINESS

Business Legal Name: _____

DBA Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Email: _____

Requested Service Start Date: _____ Is this Date Flexible: (Y/N) _____

Products/Services Sold: _____

Fed Tax ID/EIN: _____ Month/Year Started: _____

Tax Filing Type: (LLC, Sole Prop, etc.) _____ Tax Exempt: (Y/N) _____

File Taxes with owner social or Tax ID: _____ Number of employees: _____

Estimated Gross Event Sales: _____ Estimated Event Credit Card Sales: _____

Average Credit Card Transaction: _____

ADDRESS TO SHIP DEVICE(S) TO: _____

PERSONAL INFORMATION (Must be officer/controller private corp, member LLC, or owner if sole prop.)

Singer/Owner Legal Name: _____

Signer Title: _____ Signer Percentage ownership in Co: _____

Signer Social Security #: _____ Signer Date of Birth: _____

Signer Home Address: _____

City: _____ State _____ Zip: _____

DEPOSIT BANK NAME (CHECKING ONLY)

Bank Name: _____ Bank Phone Number: _____

Bank Routing #: _____ Bank Account # _____