



STRATEGIC

Merchant Solutions

Please Type:

Sales Organization:			
Client Group #:	Entity #:	Short Name:	
Representative Name:		Date Hired:	
Home Address:		E-Mail:	
City:	State:	Zip:	
Home Phone #:		Fax #:	
Social Security #:		Driver's License # & State:	
Have any of the principals ever been convicted of a felony?		YES	NO
Have any of the principals or the applicant ever filed for bankruptcy?		YES	NO
Have you previously sold bankcard-processing services?		YES	NO
If Yes, what was the company name you sold for?			
Dates employed by the above?		FROM:	TO:
Previous employer address:			
Previous employer phone #:			
If you have not previously sold bankcard processing, please complete the following employer information:			
Name:			
Address:			
City:		State:	Zip:
Phone #:		Type of Business:	
Title:		Employed From:	To:

To induce Nova Information Systems, reliance thereon, I certify that by my signature below, the accuracy of all the foregoing information and authorize Nova Information Systems, credit bureaus, or other agencies employed by Nova Information Systems, to investigate/verify all references provided herein and all statements of other data obtained from me or other persons pertaining to my work experience, credit or financial responsibility.

By signing below I further certify my understanding that 1.) I may not represent to any party or business entity products of Nova Information Systems, using any business name than "Sales Organization" name listed at the top of this form: and 2.) By signing the Merchant Premise or Site Inspection for any merchant application, I am certifying, subject to criminal penalties for false certification, that I personally conducted the premise or site inspection.

Sales Representative Signature: _____ Date: _____