



RAP Program

Cardholder Merchants Associates, LLC  
CMA Merchant Services  
RAP ID 1516638879  
Fax # 973-616-8571  
Phone# 800-820-2077

**Information About Your Business**

Check One:  Corporation  Partnership  Sole Proprietorship  LLC

Type of Product or Service: \_\_\_\_\_

Check One:  Retail  Restaurant  MO/TO  Internet

Corporate Name: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years In Business: \_\_\_\_\_ Years At Location: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Business Fax #: \_\_\_\_\_

Average Ticket: \$ \_\_\_\_\_ Annual V/MC Volume: \$ \_\_\_\_\_

Discount Rate: \_\_\_\_\_% Transaction Fee: **\$0.10** Membership Fee **\$25.00**

**Banking Information:**

Bank Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Phone #: \_\_\_\_\_ Type of Account:  Checking  Savings

ABA Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Merchant Signature: \_\_\_\_\_ Date: \_\_\_\_\_