Client Worksheet

globalpayments Integrated

Please return by fax: 303.482.8179 or email to: aaron.barney@globalpayments.com

SuperFun Attractions LLC	SuperFun Attractions LLC
Merchant "Doing Business As" Name	Legal Business Name
19 Commerce Drive	59 Stodghill Drive
Physical Location Address (No PO Box#)	Legal Address
Ruckersville VA 22968	Ruckersville VA 22968
City State Zip	City State Zip
434-374-1386 47-2217879	18 1
Phone # Tax ID # (9 digits)	Phone # Years in Business Number of Locations
Anne Crenshaw 434-962-6784	☐ Sole Prop ☐ Corp ☑ LLC ☐ Partnership ☐ Government
Contact Name Phone #	☐ 501(c)(3) ☐ 501(c)(5) ☐ 501(c)(7) ☐ Professional Assoc.
Anne@SuperFun.lol	Type of Ownership (Please Select)
Contact Email Address	
www.SuperFun.lol	Entertainment, Inflatables and Party Rentals
Website	Products and/or Services Sold

PREFERRED CONTACT INFORMATION

Contact Method	Email
Address for Charge-backs	Legal
Address for Statements	Legal
Paperless Delivery	Yes
Email Address or Fax # for Paperless Delivery	Anne@SuperFun.lol

Bankruptcy: No
Bankruptcy Date:

BANKING INFORMATION ALL FIELDS REQUIRED

$330,000	$770	$5208
Estimated Annual Credit Card Volume (Visa/MC/Discover/Amex)	Estimated Average Ticket	Highest Single Ticket
051404325	7101937	Large Event/Order
Bank Routing Number	Bank Account Number	Explanation of When High Ticket May Occur

SALES PROFILE (MUST = 100%)

Card Swiped (face-to-face) 0 % Manually Keyed/Recurring Payments 10% eCommerce (Website)/Patient Portal 90 %

Does the Merchant Accept Transaction Before the Customer Receives the Product or Service? ■ Yes ☐ No

AUTHORIZED SIGNER ALL FIELDS REQUIRED

Tom Slonaker	02-20-1947	217-46-4185	Owner
Name (First and Last)	Date of Birth	Social Security Number	Title
59 Stodghill Drive	Ruckersville	VA	22968	100
Physical Home Address (**NO** PO Boxes)	City	State	Zip Code	% of Ownership
434-882-4934	16		Tom@SuperFun.lol
Phone Number	Years There	Do You Own or Rent? ☐ Own ■	Contact Email Address

Are you related to anyone in executive, legislative, administrative or judicial branch of any government elected Yes ☐ No X

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ALL OWNERS WITH 25% OWNERSHIP OR MORE IN THE BUSINESS ALL FIELDS REQUIRED

OWNER #1

Name (First and Last) | Date of Birth | Social Security Number | Title

Physical Home Address (**NO** PO Boxes) | City | State | Zip Code | % of Ownership

Phone Number | Years There | Do You Own or Rent? ☐ Own ☐ Rent

OWNER # 2

Name (First and Last) | Date of Birth | Social Security Number | Title

Physical Home Address (**NO** PO Boxes) | City | State | Zip Code | % of Ownership

Phone Number | Years There | Do You Own or Rent? ☐ Own ☐ Rent

OWNER # 3

Name (First and Last) | Date of Birth | Social Security Number | Title

Physical Home Address (**NO** PO Boxes) | City | State | Zip Code | % of Ownership

Phone Number | Years There | Do You Own or Rent? ☐ Own ☐ Rent

OWNER # 4

Name (First and Last) | Date of Birth | Social Security Number | Title

Physical Home Address (**NO** PO Boxes) | City | State | Zip Code | % of Ownership

Phone Number | Years There | Do You Own or Rent? ☐ Own ☐ Rent

IF YOU ARE A PROPERTY MANAGEMENT COMPANY, PLEASE COMPLETE THE FOLLOWING:

Property Management Company Name

Signer Address (**NO** PO Boxes)

Ruckersville | VA | 22968
Signer City | Signer State | Signer Zip Code

434-882-4934
Signer Phone Number

Signer Years There

Property Management Signer

Owner
Signer Title

Signer % of Ownerhip

Signer Social Security Number | Signer Date of Birth

VISA MasterCard DISCOVER NETWORK AMERICAN EXPRESS

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IMPORTANT: ATTACH VOIDED CHECK BELOW

Please scan/email or fax a voided check with this worksheet for your deposit account. It must have the company name imprinted on it).