

Ideal Merchant Services, LLC

AGENT ENROLLMENT FORM

Last Name: _____ First Name: _____ Middle Initial: _____

Company Name (If Applicable): _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Office: (____) _____ - _____ ext _____

Cell: (____) _____ - _____

Fax: (____) _____ - _____

Home: (____) _____ - _____

Email Address: _____

Website: _____

How did you hear about IMS? _____

Interviewed by: _____