

Metro Online Boarding MPA for TRX Services

Go to: <https://merchapp.trxservices.com/?AgentID=8150>

 [Login](#)

Sign Up

If you already have an account you can [login](#).

Merchant Name (DBA or Trade Name) *

Phone *

Email *

[Sign Up](#)

 [Sign Up](#)

1 Merchant Information

2 Corporate Information

3 Contact Information

4 Business Information

5 Volume Information

6 Bank Information

7 Account Information

8 Notes

Merchant Information

General Info

Merchant Name (DBA or Trade Name) *

Business Phone *

XXX-XXX-XXXX

Business Fax (Optional)

XXX-XXX-XXXX

URL (Optional)

Contacts

Contact First Name *

Contact Last Name *

Contact Email *

Addresses

Country *

City *

State *

Address *

You can enter multiple addresses, each starting on a new line

Zip *

Time Zone *

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Transaction Services
Merchant Application

Sign Up

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Corporate Information

Copy Merchant Information to Corporate

Corporate/Legal Name *

Federal Tax ID *

Phone *

Fax (Optional)

Country *

City *

State *

Addresses *

You can enter multiple addresses, each starting on a new line

Zip *

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Note: If more than one owner, then both owners need to be added.

Use Add Contact button in upper right-hand corner

Contact Information

General

Contact Type

Primary

Prefix / Title (Optional)

Please Select Name Pre... ▾

First Name *

Joan

Last Name *

Balonie

Suffix (Optional)

Please Select Name SU... ▾

Role *

Owner ▾

Ownership Percentage *

0

Legal

Date of Birth *

MM/DD/YYYY

SSN *

xxx-xx-xxxx

Drivers License State *

Please Select ▾

Drivers License Number *

Drivers License Expiration *

MM/DD/YYYY

Contacts

Email *

jwinnington@metropaytech.com

Phone *

xxx-xxx-xxxx

Cell Phone (Optional)

xxx-xxx-xxxx

Addresses

Country *

United States ▾

City *

State *

Please Select ▾

Addresses *

Zip *

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Business Information

Date Business Established *

MM/DD/YYYY

Type of Ownership *

Please Select

Merchant Type/Industry

Retail

Business Location

Storefront

Business hours

08:00 05:00

Merchandise Type

CBD Products

Amex Number

Leave Blank

Who performs product / Service fulfillment?

Merchant

Number of days until product / service is delivered

0

Share Sensitive Data

Customer Return Policy *

30 Day Return

Customer Settlement Policy

Order Date

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NOTE:

Monthly Volume can be best estimate. It's always better to go a bit higher than lower.

Volume Information

Monthly Volume

Monthly Transactions

Daily Volume

Monthly Volume Refunded (Optional)

Monthly Transaction Refunded (Optional)

Average Ticket

Maximum Ticket

Card Present / Percent Swiped, %

Card Not Present / Percent Keyed, %

Percent Internet, %

Percent Mail Order, %

Settlement / Close Method [?]

Close Time [⌚]

 EST

Settle Time [⌚]

 EST

Has applicant ever accepted credit cards before?

- Yes No

Has applicant ever been terminated from accepting payment cards?

- Yes No

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Bank Information

Attachments - Void check or Bank letter



Upload

Attachments - Driver's license or ID



Upload

Account Use

Delete

Routing Number



Account #

DDA Use

Business Personal

Account Type

Checking Savings

Account Use

Delete

Routing Number

Account #

DDA Use

Business Personal

Account Type

Checking Savings





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Account Information

Select Payment Card Types

 Visa	<input checked="" type="checkbox"/>
 MasterCard	<input checked="" type="checkbox"/>
 Discover	<input checked="" type="checkbox"/>
 Amex	<input checked="" type="checkbox"/>

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Notes

Notes

Leave Blank

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Finish