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Merchant Intake Form

Complete all sections and submit with the required processing statements.

Please email all submissions to intake@feenixlegacy.com

AGENT INFORMATION

AGENT NAME: MANUEL VALLECILLOS

AGENT ID: AA1052

IMPORTANT — Required with submission: six (6) months of the merchant's most recent processing statements.

BUSINESS INFORMATION

BUSINESS LEGAL NAME

DBA NAME

TAX ID (EIN)

INDUSTRY

WEBSITE

CURRENT POS / GATEWAY USED TO ACCEPT CREDIT CARDS

BUSINESS DESCRIPTION

BUSINESS PHONE NUMBER

BUSINESS ADDRESS

BUSINESS START DATE

OWNER INFORMATION

FIRST NAME

EMAIL

LAST NAME

MOBILE PHONE

TITLE

DATE OF BIRTH

% OWNERSHIP

SSN

HOME ADDRESS

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BANKING & PROCESSING

Please provide a copy of a voided check

BANK NAME

ROUTING NUMBER

ACCOUNT NUMBER

AVG MONTHLY CARD VOLUME

AVG TRANSACTION AMOUNT

% CARD PRESENT

% CARD NOT PRESENT

Card-present and card-not-present percentages must total 100%.

AUTHORIZATION & SIGNATURE

By signing below, the undersigned certifies that the information provided in this form is true, accurate, and complete, and authorizes FCA Funding 2026, LLC, Feenix Payment Systems, LLC, and their affiliates, agents, and designees to obtain consumer credit reports, business credit reports, and other credit and background information about the undersigned and the business, now and periodically as needed, in connection with the review, underwriting, funding, servicing, and collection of the merchant's application and any resulting program participation. The undersigned further authorizes the verification of any information provided, including banking and processing history.

SIGNATURE

DATE

PRINTED NAME

TITLE

E-MAIL: mvprocessing@gmail.com PHONE: 714-878-7341