



BUSINESS GROUP

Red River Valley Honors Camp

North Little Rock, Arkansas

MERCHANT INFORMATION FORM

"MILLENNIUM DONATION PROGRAM"

"Free Analysis"

Business Owner/President: _____

Legal Name of Business and DBA: _____

Business Mailing Address: _____

City: _____ State _____ Zip _____

Business Phone: _____ Business Fax: _____

Business Email: _____ WebSite: _____

Contact Person: _____ *Best Time to Call* _____

Phone Number: _____ Ext: _____

Products and/or Services Sold: _____

Type of Credit Card Equipment and/or POS or Software You Are Currently Using:

Cards Currently Accepted: VISA__ MasterCard__ Discover__ AmerExp__ Other__

Ministry Designated for MJM Business Group Donation:

Name: RRVHC City: N Little Rock State: AR

Representative's Name: _____ Branch # 633831

Office Use Only:

Person that was Briefed: _____ Date: _____

Who Gave Briefing: _____ Comments: _____
