

Gulf Management Systems, Inc.

Company Profile

Completed by: _____ Date: _____

Merchant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Fed I.D. #: _____ Date of Incorporation: _____

Business Phone:() _____ FAX: () _____

Principal: _____

Contact: _____ Title: _____

Technical: _____ Title: _____

E-Mail: _____

Will you be sending a file: Yes[] No[] If yes, what software: _____

Do you want an automatic retry if a transaction comes back as NSF? Yes[] No[]
If yes, do you want to add an NSF Fee as well? \$ _____

Will your transactions be processed throughout the month or on specific dates?
Randomly throughout the month [] Specific dates: _____

If you want to process credit cards as well as banking transactions, please mark the enclosed price sheet and return it with this package.