

TEMPOE | MULTIPLE LOCATION FORM

Please complete this form for all locations (if applicable) and submit with your enrollment documents.

STORE INFORMATION

Company Name (legal): _____ DBA: _____

Phone: _____ Fax: _____ Years in Business: _____

Address: _____

Federal ID #: _____ Sole Prop Partnership Corp LLC

Buying Group Name: _____ Membership #: _____ Division/Region: _____

E-Commerce Site: YES NO ___% of Business Website Address: _____

Number of Stores: ___ Total Annual Sales: _____ Sq. Footage: _____ # of Sales People: ___

Sales Mix: Appliance: ___% Electronics: ___% Furniture: ___% Mattress: ___% Other: ___%

What Type of Items Do You Sell: New Used Both Are Your Sales People: Commission Salary Both

(This will help develop the sales training to maximize your sales.)

STORE CONTACT INFORMATION

Primary Store Contact: _____ Phone (if different from above): _____

Title: _____

BANKING INFORMATION

Is the banking information for this location the same as the parent location: YES NO

If NO, please include a copy of the voided check with company name.

TEMPOE | AUTHORIZED AGENTS

For both your protection and ours, please provide us with a list of names, titles and the signature of each individual who is authorized to receive or discuss information and/or make decisions on behalf of your company.

Company Name (legal): _____

Address: _____

Name: _____ Title: _____

Signature: _____

Merchant Agreement Account Information Usernames & Passwords Funding Inquiries Banking Information

Name: _____ Title: _____

Signature: _____

Merchant Agreement Account Information Usernames & Passwords Funding Inquiries Banking Information

Name: _____ Title: _____

Signature: _____

Merchant Agreement Account Information Usernames & Passwords Funding Inquiries Banking Information

If at any time you want to remove or add any authorized agent you must submit a notice in writing to enrollment@TEMPOE.com or fax to 844-9TEMPOE.

(Signature below must match the authorized signature on the merchant application)

Authorized Signature: _____

Print Name: _____ Date: _____