



Additional Location Form

Date _____ CrossCheck Representative Name _____

Merchant Information (to be completed by CrossCheck)

DBA _____ Legal Name _____ Main Phone _____

Existing Store Number _____

Additional Locations (to be completed by Merchant)

DBA _____ Legal Name _____ Store Phone _____

Street _____ Tax ID Number _____

City _____ State _____ Zip Code _____

Contact Name and Title _____ Cell Phone _____ Email Address _____

DBA _____ Legal Name _____ Store Phone _____

Street _____ Tax ID Number _____

City _____ State _____ Zip Code _____

Contact Name and Title _____ Cell Phone _____ Email Address _____

DBA _____ Legal Name _____ Store Phone _____

Street _____ Tax ID Number _____

City _____ State _____ Zip Code _____

Contact Name and Title _____ Cell Phone _____ Email Address _____

By submitting this Additional Location form, Your Store consents to and agrees that all terms and conditions of the CrossCheck, Inc. Service Agreement, any applicable addenda, executed and entered into by Your Store, shall apply to this Additional Location.

Name (print) _____ Signature _____ Date _____