



Phone: 888-777-2306
cs@dmccservices.org

APPLICATION FORM

Company Name:

Entity Type: Corporation Partnership LLC Sole Proprietorship

Tax Exemption: 501c3 Other Exemption N/A

Address:

City, State, Zip:

Vanco ES# (if applicable):

Vanco RPPS ID:

Contact Name:

Phone:

Cell:

Email:

Services Requested:

- ACH/Merchant Services
- Mastercard RPPS Disbursements
- Mastercard DMP Proposals
- Check Printing
- Client Management Software
- Consulting

**Send completed form to the attention of Dan Lichtenberger
via email to cs@dmccservices.org or fax to 954-414-9339.**