



C.O.M.S. Enrollment Form Carmel Financial's Online Merchant Services

Merchant Name _____

Phone Number _____

Merchant Code _____

Credit Decisions

I wish to receive my credit decisions via the following method: (select one)

Via Email - Email address _____
Note: Only 1 email address can receive credit decisions

Via Fax - Fax number _____

Access

I understand that granting authorization to an individual allows he/she to view all information regarding paperwork to Carmel Financial and funding information/status of each contract.

Please allow the following individuals to have access to COMS:

Name _____

Their email address _____
Note: Each user must have unique email address

Name _____

Their email address _____
Note: Each user must have unique email address

Name _____

Their email address _____
Note: Each user must have unique email address

Authorization

Merchant Name _____

Owner Name - Printed _____

Owner Name - Signature _____

Date _____