



To be filed with:

e-Collect  
804 Fayette Street  
Conshohocken, PA 19428  
(866) 225-0033

**BENSALEM TOWNSHIP**  
**BPT/MERC REGISTRATION FORM YEAR 2017**  
**FEE \$50.00 (PER LOCATION) -Make checks payable to Ecollect**

**Instructions & Deadline:** The following registration form is required to be completed by each company with a business location in the Township or any business operating within the territorial boundaries of the Township. This application is due annually.

**This Application is separate from and does not replace the Business Privilege / Mercantile Tax Return. Please make a copy of this registration for your records. A license for your records will be mailed after payment is submitted.**

License Year: \_\_\_\_\_ Business Start Date: \_\_\_\_\_

Legal Name of Business: \_\_\_\_\_

Trade Name (d/b/a): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: *(If different from Mailing Address)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_ Federal Employer Identification No.: \_\_\_\_\_

Business Location(s): \_\_\_\_\_

Business Organization Type (check one)

Sole Proprietorship     Partnership     Corporation (PA Entity No. \_\_\_\_\_)

Other (Describe: \_\_\_\_\_)     Non Profit/Religious/Charitable

**I hereby certify under the penalties provided by law that all statements made herein are to the best of my knowledge and belief true, correct and complete.**

Applicant's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_