

Merchant Account Application

BUSINESS INFORMATION			
Legal Business Name		Business Tax ID FEIN SSN	
Doing Business As (if different) (displayed on the cardholder statement)			
Business Start Date	State of Registration	Current Length of Ownership	
Legal Business Address			
City	State	ZIP	
Mailing Address Same as Legal Address			
City	State	ZIP	
Physical Address Same as Legal Address Same as Mailing Address			
City	State	ZIP	
Website URL (each website used to accept transactions must be disclosed)			
Customer Service Phone Number		Customer Service Email Address	
Type of Ownership: Sole Proprietor Corporation Partnership Non-Profit LLC: C D P Government			

PROCESSING INFORMATION			
Has the business accepted credit cards previously?		Yes No	EBT Number
Anticipated Monthly Volume \$	Highest Transaction Amount \$	Average Transaction Amount \$	
Anticipated number of highest transactions per year:			
Does your billing involve automatic renewals or recurring transactions?		Yes No	
Which payment types would you like to accept? (check all that apply) <input type="checkbox"/> Visa/MC/Discover/Diners/JCB/Amex <input type="checkbox"/> PIN Debit <input type="checkbox"/> EBT			
Check to limit acceptance to certain brands or card types. Provide details separately.			

PRODUCT INFORMATION				
Description of Product and/or Service:				
Estimate the percentage of sales initiated via the following methods. (Must add to 100%)				
Face-to-Face %	Online %	By Mail %	By Telephone %	Stored Credentials %
Estimate the percentage of sales within the following groups. (Must add to 100%)				
Individual Consumers %	Businesses %	Government %		
How long after charging the customer is the product fulfilled or does the service begin? Within: 24 hours 2 days 3-10 days 11-30 days 31-90 days 90+ days				
After the product has been fulfilled or service begins, are there obligations that must be provided to satisfy the customer (subscription fulfillment, membership services, service obligations, warranties, etc)? No Yes:				
Description of Extended Obligations (please include duration)				
Description of Refund Policy (attached if more space is needed)				
Is a fulfillment house or drop shipper used for more than 75% of your sales? Yes No		Do you use affiliate marketing? Yes No		

OFFICE USE
Sales Partner

TECHNICAL CONTACT INFORMATION	
Given Name (First Name)	Surname (Last Name)
Phone Number	Email Address
Job Title	

OWNER INFORMATION		
Please list each individual who directly or indirectly (through any contract arrangement, understanding, relationship, or otherwise) owns 25% or more of the equity interest of the specified legal entity. Check here if no individual meets this definition.		
Owner 1		
Given Name (First Name)	Surname (Last Name)	
Date of Birth	Social Security Number	Ownership Percentage %
Email Address		Phone Number
Home Address		
City	State	ZIP
Owner 2		
Given Name (First Name)	Surname (Last Name)	
Date of Birth	Social Security Number	Ownership Percentage %
Email Address		Phone Number
Home Address		
City	State	ZIP
Owner 3		
Given Name (First Name)	Surname (Last Name)	
Date of Birth	Social Security Number	Ownership Percentage %
Email Address		Phone Number
Home Address		
City	State	ZIP
Owner 4		
Given Name (First Name)	Surname (Last Name)	
Date of Birth	Social Security Number	Ownership Percentage %
Email Address		Phone Number
Home Address		
City	State	ZIP

DOCUMENT LIST
Low Risk Merchants Must Provide: Driver's License, Business Formation Documentation, Voided Check
High Risk Merchants Must Provide All Listed Documents Plus: Utility Bill, EIN Documentation, 3 Months Processing & Bank History

Merchant Account Application Cont'd

OFFICE USE

Sales Partner

BILLING INFORMATION

Name on Account		Account Type	Personal Checking	Personal Savings
			Business Checking	Business Savings
Bank Routing Number	Bank Account Number			
If you want fees drawn from an alternate account, please provide separate voided check				

SITE SURVEY & ADDITIONAL INFORMATION

Have you ever been terminated by a merchant account provider? Yes No		Are you interested in hearing about surcharging/cash discounting & paying zero merchant fees? Yes No	
Please list all banks where you have a pending application			
1. Zone: Business District Industrial Residential		2. Location: Mall Office Home Shopping Area Apartment Isolated Door-to-Door Flea Market	
Other _____			
3. How Many Employees: _____		11. Are customers required to leave a deposit? No Yes, deposit required: _____%	
4. How many registers/terminals? _____		12. Return policy: Full Refund Exchange Only None	
5. Is proper license visible? Yes		13. Do you have a refund policy for MC/Visa/Discover Network- PayPal/American Express/ American Express OptBlue Sales?	
No, explain: _____		Yes No If yes, check one: Exchange Store Credit MC/ Visa/Discover Network- PayPal/American Express OptBlue Credit	
6. Where is the merchant name displayed at the site?		14. Advertising Method (<i>attach at least one</i>):	
7. Merchant Occupies: Ground Floor Other: _____		Catalog Brochure Direct Mail TV/Radio	
8. # of floors/levels: 1 2-4 5-10 11+		Internet Phone Newspaper/Journal Other	
9. Remaining floors occupied by:		<i>Marketing Materials required for Mail Order, B to B, Internet over \$1 Million in annual volume. Attach Web Page for Internet Merchant.</i>	
Residential Commercial Combination None		15. Previous Processor: _____	
10. Approximate Square Footage:		16. Check reason for leaving: Rate Service Terminated	
0-250 251-500 501-2,000 2,001+		Other: _____	