



COMPANY INFORMATION

Legal Name of Business:			
Legal Address*:		Number of Locations:	
City:	State:	Zip Code:	
Business Email:		Customer Svc Phone:	
DBA Name:		Website:	
DBA Address**:			
City:	State:	ZIP Code:	Own Rent
Phone:	Fed Tax ID:	Business Start Date:	
Ownership Structure : Sole Proprietorship LLC/LLP C Corp S Corp Government 501C (Check One)			
Currently Accept Cards:	Y / N	If Yes name of current processor _____	* Address Registered w/ Secretary of State ** Location of Business Operations

OWNERSHIP INFORMATION * Info Required for ALL 10%+ Owners (SEE PG 2 FOR MORE SPACE FOR ADDITIONAL OWNERS IF NEEDED)

Name:		Email:	
Date of birth:	SSN:	DL#/ExpDate/State:	
Address:		Own Rent	How long at address:
City:	State:	ZIP Code:	
Phone:	Title:	% of Ownership:	

CREDIT CARD PROCESSING INFORMATION

Card Present %:	Card Swiped %:	Internet %:
Card Not Present %:	Mail / Phone Order %:	B2B %:
Monthly CC Volume: \$	Monthly Amex Volume: \$	Average Ticket: \$
Max High End Ticket: \$	PIN DEBIT: Y / N	Personal Guarantor: Y / N
Products/Services Sold:		Return/Refund Policy:
Product Received:	% Time of Sale	% 1-7 Days % 8-14 Days % 15-30 Days % 30+ Days (Must Equal 100%)
Bank Name:	Routing #:	Account #:

EQUIPMENT / SITE INFORMATION

Gateway / Virtual Terminal / Method of processing payments :			
Batch: Auto Manual (Check One)	Auto Batch Time:	Discount: Daily Monthly	
3 rd Party Fulfillment: Y / N	Where is Product Stored:		
Fulfillment Name/Address (if applicable):			
Solution Requested (CC, ACH/echeck , or Both) :		Type of Processed Requested :	
Detailed Description of Business/Industry:		USA Domestic	Canada Offshore All
Ever been denied approval or had your merchant account closed? No Yes -- Please explain ---->			
What currencies do you want to process in?			
What currencies do you want to settle in?			
Countries you do business in listed by % breakdown?			

o **See Required Documents Checklist**



BENEFICIAL OWNER #2

Name:		Email:	
Date of Birth:	SSN:	DL#/ExpDate/State:	
Address:		Own	Rent
		How long at address:	
City:	State:	Zip Code:	
Phone:	% of Ownership:	Title:	

BENEFICIAL OWNER #3

Name:		Email:	
Date of birth:	SSN:	DL#/ExpDate/State:	
Address:		Own	Rent
		How long at address:	
City:	State:	ZIP Code:	
Phone:	% of Ownership:	Title:	

BENEFICIAL OWNER #4

Name:		Email:	
Date of Birth:	SSN:	DL#/ExpDate/State:	
Address:		Own	Rent
		How long at address:	
City:	State:	Zip Code:	
Phone:	% of Ownership:	Title:	

MANAGING/CONTROLLING OFFICER

Name:		Email:	
Date of Birth:	SSN:	DL#/ExpDate/State:	
Address:		How long at address:	
City:	State:	Zip Code:	
Phone:	% of Ownership:	Title:	

ADDITIONAL CONTACTS FOR THE BUSINESS

CONTACT PERSON W COMPANY	EMAIL ADDRESS	PHONE NUMBER	TITLE/ROLE W COMPANY