

Quick Start Application

(must type and complete all highlighted yellow fields)

Sales Office:

Sales Rep:

Source:

vs 5.21

(1) Merchant Application

| | | | | | | |
|---|--|---|---|--|--|-------------------------------|
| Legal Name of Business | | DBA (Doing Business As Name) (this will also be your billing descriptor name) | | | Years in Business Yrs Mo's | |
| Legal Address (Physical Street Address - No PO Box allowed) | City | State | Zip | Country of Incorporation | Date Biz Established Mo Yr | |
| Mailing or DBA Address (if different than legal address) | | City | State | Zip | Business Industry Type - Select One Retail Restaurant Service Mail/Telephone Order eCommerce Lodging | |
| Tax Filing Name (as it appears on taxes) | Federal Tax ID | Business Phone | Customer Service # | Cell Phone | Business Fax | Merchant Email Address |
| Authorized Business Rep | Business Website (List All Website Addresses associated with sales) | | Solution Requested (CC, ACH or Both) | | Type of Processing Requested USA Domestic Canadian Offshore All | |
| Credit Card Processing History - Must Select One Start-up (No Processing History) Start-up (Has 3mo's Processing History) Existing Biz (No Processing History) Existing Biz (Has 3mo's Processing History) | | Ownership Structure - Select One Sole Prop Partnership LLC Private Corp Public Corp Tax-Exempt (501c) Government | | Business located outside of 50 United States? Yes No Hold a Non-Profit status letter from IRS? Yes No Part of a Government Entity (state or Federal Agency)? Yes No | | |

(2) Ownership

| | | | | | | | |
|---|--------------------|--------------|-----------------------|---------------------------------|--------------------------|------------------------|------------------------|
| Ownr1. First Name M Last Name | Ownership % | Title | Home Telephone | Date of Birth | Social Security # | Principle Email | |
| Street Address (Own Rent) | City | State | Zip | Years at Current Address | Drivers License # | State Issued | Expiration Date |
| Ownr2. First Name M Last Name | Ownership % | Title | Home Telephone | Date of Birth | Social Security # | Principle Email | |
| Street Address (Own Rent) | City | State | Zip | Years at Current Address | Drivers License # | State Issued | Expiration Date |

(3) Settlement Account

| | | |
|------------------|-------------------------------|-----------------------|
| Bank Name | Transit Routing Number | Account Number |
|------------------|-------------------------------|-----------------------|

(4) Business Profile

| | | | |
|---|--|---|--|
| Monthly Volume (VS, MC, Disc) | \$ | Answer #1-5 if 20-100% transactions are keyed & requesting above \$35,000 monthly volume or high-ticket is greater than \$1,500 | |
| Monthly Volume (AMEX) | \$ | 1. Ever previously proces at this volume amount? Yes No | 2. Time it will take to process at volume amount? |
| Annual Volume (VS, MC, Disc, AMEX) | \$ | 3. Why request or need this volume amount? | |
| Typical Ticket / Average Sales Amount | \$ | 4. What is the minimum volume amount you are willing to start with? | |
| Highest Ticket Sale Amount | \$ | 5. Describe your high-ticket and how often it occurs? | |
| Face to Face Card Acceptance | % | Detailed Description of Business and Industry (BeSpecific) | |
| Mail/Telephone (MOTO) Card Acceptance | % | | |
| Internet Card Acceptance | % | | |
| Total | 100% | List the type of Product or Service Sold. How do you sell your product or service? (Be Specific) | |
| Swiped Transactions | % | Billing Model (One-time, Memberships, Trial-Recur etc) | |
| Keyed Transactions | % | | |
| Total | 100% | List all the processors you applied with in the past 6 months. | |
| Location Type | Zone Type | Have you previously been denied approval or had your merchant account closed? (Explain) Yes No Is the Business or any Principle currently on or has ever been placed on the TMF or MATCH list? (Explain) | |
| Mall Office Home Shopping Area | Business District | | |
| Mixed Apartment Isolated | Industrial Residential | | |
| Marketing Method - Select All That Apply | | What Currencies do you want to process in? MUST ANSWER | |
| Newspaper/ Magazine Television/Radio Yellow Pages | | What Currencies do you want to settle in? MUST ANSWER | |
| Direct Mail Internet Outbound Telemarketing | | Countries you do business in listed by % breakdown? MUST ANSWER | |
| Social Media Trade Shows | | | |
| # of Employees | Are you now processing or ever processed credit cards? Yes No | | Processor Name |
| Do you use a 3rd Party Processor? Yes No | Equipment Type: Make and Model: | | |
| How many days until the customer receives the product or service from when the credit card is actually charged? (Must Total 100%) | | | |
| 0 to 7 days | % | 8 to 14 days | % |
| | | 15 to 30 days | % |
| | | 30 + days | % |
| Any % percentage of your business operations, support staff, or employees outsourced to a country outside the USA? Please explain. | | | |
| Describe your credit? | What is your estimated Fico Credit Score? | Any bankruptcies? Yes No Date Discharged | BK Type? |