

Electronic Check

ISO Rate Quote Form

ISO # 105799

The rate quoted is not guaranteed until final approval is given by our underwriting team. If you approve of the following rates, please sign where indicated. If our underwriting staff cannot honor this rate quote you will not be charged until you approve of the new rate.

Signup Due Upon Final Approval:

\$499.95

Monthly:

\$75

Per Transaction Tier:

Rate: 5.9%

per item: \$1.00

Per E-Verification:

\$0.30

Per Live-Verification:

\$2.00

Refundable Deposit:

\$0.00

Acct Type (circle one):

Standard

RDC

ICL

ICL Setup Fee:

\$

I have reviewed, fully understand, and accept the rate quote above. Any questions I may have regarding the pricing above have been answered. I understand that my account has not yet been reviewed by a professional underwriter. Should the above rate quote not be approved by underwriting I will be given the chance to review and approve (or deny) the new rate prior to being billed for any service. If underwriting does approve this rate, I agree to be charged the above per the merchant agreement without further approval.



Signature of Responsible Party for Merchant

____/____/____
Date

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		Ownership Structure - Select One		Business located outside of 50 United States?		
Start-up (No Processing History) Start-up (Has 3mo's Processing History)		Sole Prop Partnership LLC Private Corp		Yes No		
Existing Biz (No Processing History) Existing Biz (Has 3mo's Processing History)		Public Corp Tax-Exempt (501c) Government		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		
Mall Office Home Shopping Area Mixed Apartment Isolated	Business District Industrial Residential	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)	
Marketing Method - Select All That Apply			
Newspaper/ Magazine Television/Radio Yellow Pages		What Currencies do you want to process in? MUST ANSWER	
Direct Mail Internet Outbound Telemarketing		What Currencies do you want to settle in? MUST ANSWER	
Social Media Trade Shows		Countries you do business in listed by % breakdown? MUST ANSWER	
# 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?