



## Low Risk Account Requirements:

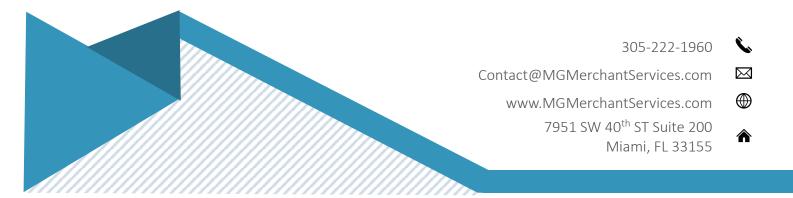
- □ EIN/Tax ID Letter
- □ Driver License of Signer
- □ Voided Check or Bank Letter
- □ Volume of sales, monthly, yearly, average ticket
- □ 4 months of Current Processing and Banking Statements (If available)

## Mid Risk to High Risk Account Requirements: All the previous requirements plus the following things

- □ Business License or Licenses
- □ 6 months of Current Processing Statements {If applicable}
- □ 6 months of Bank Statements
- □ Marketing Materials (things you use to advertise your business)
- □ If E commerce, a working website
- □ Financials: P & L, balance sheets or 2 years of business tax

### Everything on this list is required unless indicated as {If applicable}

If anything, else is needed, we'll let you know!



# **Merchant Application**



#### **Business Information**

Legal Name of Busines	Open Date         Filling State         Type of Business           Types of goods or services sold										
DBA Name					Have you ev	ver accented o	redit cards?	□Yes □	No		
Business Address	Have you ever accepted credit cards?  Yes  No (If yes, attach previous processing statements)										
City State Zip					Name of Processor						
Mailing Address (If diffe	Current length of ownership					# of Locations					
City State			Zip		Monthly Swiped	Volume	Avera	Average Ticket Face to Face		High Tick	et
Contact Name and Title		Keyed w/imprint Keyed w/out imprint				MOTO					
Phone			Total         100%         Total           Products/Service are delivered within how many days?						100%		
Email Address http://					□       0-7       □       8-14       □       15-30       □       over 30         Have you ever had a bankcard relationship terminated?       □Yes       □No						
Website Address Do you use any third pa	If yes, list reason: Date of Termination: Seasonal Sales: □Yes □No High-Volume Months										
			Ownor		cers Infor		INO Hign-volum	ie Months			
□Sole Proprietor		□Partnership			rporation						
					•		□ I certify tha				lien (If
Name (as it appears on you	ir income tax return)		FEDERAL TAX I	ID # (as it ap	opears on your inco	ome tax return)	checked, please a				1011. (
<b>NOTE:</b> Failure to provide	accurate informat	ion may result in a v	vithholding of mercha	ant funding	per IRS regulation	ons. (See Part I	V, Section A.4 of y	our Program Gu	ide for furth	er informatio	n.)
<u>Owner / Officer #</u>	<u>1</u>										
Name			Title		Social S		Security	ecurity Date of Birth		n % of Ownership	
Residence Address			City		State	State		Cell Phone			
<u>Owner / Officer # .</u>	<u>2</u>										
Name			Title			Social Secur	Social Security		1	% of Ow	nership
Residence Address	City		State	Zip		Cell Phone					
			Bank	Αςςοι	Int Inform	nation					
Bank and Branch Name	e:				Bank Cont	act:					
Phone Routing #					Account #			Date Opened Acct			
			Р	ricina l	nformatio			2010 000			
□Interchange Plus	□Tiered F %	Pricing 🗆		□Pin Deb %			Risk Percentage \$	9	_%	□Gate	way
Qualified \$		Mid-Qualified Non-Qualified \$		↓ Authorization Fee \$					nthly Debit Fee		
Batch Fee \$	EBT Author \$	rization Fee	Gateway Set-up	Fee	↓ Monthly Gat \$	Monthly Gateway Fee		⊊ Gateway Auth. Fee \$		Gateway Batch Fee \$	
Chargeback Fee	Retrieval F	ee	Minimum Proces	sing Fee	Statement F	ee	PCI Monthly	Fee	Service	e Fee	
		Equi	pment / Gat	teway	/ Program	ning Info	rmation				
	⊐Gateway	□Other			Name of Eq	uipment / Gat	eway / Other				
□Retail □Restaura	ant ⊡Tip	□Server ID I	⊐Tax ⊡Auto	Close	□[	Dial Connectio	on □IP Conn	ection □V	Vireless Co	ommunicati	on
	чи — чир			5.000	⊔					anout	

Title

By signing above, you agree the pricing set forth in this application as well as guaranty that the information provided is valid and truthful.