



PRE APPLICATION FOR HIGH RISK MERCHANT ACCOUNT

Merchant Name: _____

Business Address: _____

City, State, Zip: _____

Business Phone number : (____) _____ Cell number: (____) _____

Contact Name(s): _____

Owner Name(s): _____

How long in business: _____

Product Sold: _____

How is your product marketed:

Website: _____

If have Marketing Materials – attach copy

Previous Processing: Yes ___ NO ___

If yes, provide 3 months statements.

Documents Required:

- Drivers License
- Business License/Art of Inc
- Voided check (preprinted or letter from bank)
- Marketing Materials/Website
- Credit Bureau Auth Form

Monthly Volume: \$ _____

Underwriting comments:

Credit Score: _____

Bank: _____

Required documentation:

*Complete Credit Bureau Authorization form – see next page



AUTHORIZATION TO OBTAIN CREDIT BUREAU REPORT

For Merchant DBA name _____

Name _____
(First) (Middle) (Last)

Home Street Address _____

City _____ State _____ Zip _____

Home Telephone ___ - ___ - ___ Email _____

Date of birth ____ / ____ / ____
(Month) (Day) (Year)

Drivers License # _____ State of Issuance _____

Social Security # _____

"I hereby authorize Valued Merchant Services / AVP Solutions to obtain reporting from any credit bureau for the purpose of underwriting a merchant credit card processing account from Valued Merchant Services / AVP Solutions."

(Signature)

When completed and signed, please fax to 1-877-885-1740. Attn: Underwriting Department