

BUSINESS INFORMATION

Legal Name of Business:		DBA:	
EIN/Tax ID:		Business Start Date:	State Filed:
Business Type: <input type="checkbox"/> Sole Prop <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-profit (401(c)) <input type="checkbox"/> Gov <input type="checkbox"/> Other			
Street (Location) Address:			
Mailing (Legal) Address:			
Business/Contact Telephone:		Business/Contact email:	
Business Fax #:		Customer Service Telephone:	
Customer Service email:		Website/URL*: http://	
Authorized Contact First/Last Name:			
Equipment/Gateway: (VX 520 Terminal, Authorize.net Gateway, NMI Gateway, etc.)			
Shopping Cart (if applicable):			
(If using Shopify , please request Authorize.net Gateway)			
Number of Employees:	Location: <input type="checkbox"/> Home/Residential <input type="checkbox"/> Office/Business District <input type="checkbox"/> Storefront		
Own or Rent: <input type="checkbox"/> Own <input type="checkbox"/> Rent	Approximate Sq. Footage: <input type="checkbox"/> 0-500ft. <input type="checkbox"/> 501-2,000ft. <input type="checkbox"/> 2,001-5,000ft. <input type="checkbox"/> 5,000ft.+		

PRINCIPLE INFORMATION

Full Name:		
Ownership % (Include all w/25%+ equity): <input type="checkbox"/> Check here if there are Additional Owners/members with 25%+ equity		
Title (<i>Owner, CEO, President, etc.</i>):	Home Telephone:	
Date of Birth:	Social Security Number:	
Driver License Number:	Exp Date:	State:
Home Address:		
Personal Email Address:		

SETTLEMENT ACCOUNT INFORMATION

Bank Name:	Contact Name:
Band Routing Number:	
Bank Account Number :	

LIST TYPE OF BUSINESS/PRODUCTS/SERVICES SOLD:

PROCESSING VOLUME

Estimated <u>TOTAL</u> Monthly Volume (<i>Cash, Checks, ACH, etc.</i>): \$	
Estimated Monthly Volume (<i>Visa/MC</i>): \$	
Estimated Monthly Volume (<i>American Express</i>): \$	
Average Ticket: \$	Highest Ticket: \$

TRANSACTION METHOD (select all which are applicable – **Must equal 100%**)

<input type="checkbox"/> Face-to-face (Retail/storefront, cardholder is Present):	%
<input type="checkbox"/> **Telephone/Mail/Email (MOTO, cardholder is Not Present):	%
<input type="checkbox"/> **Internet (eCommerce, online Shopping Cart):	%

RETURN POLICY / HISTORY

Do you have a refund/cancellation policy for Visa/MC/Discover/Amex Sales: <input type="checkbox"/> Yes <input type="checkbox"/> No Check one : <input type="checkbox"/> Exchange <input type="checkbox"/> Store Credit <input type="checkbox"/> Refund within 30 days <input type="checkbox"/> Other* If Other*, please explain:
Any processing history? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please provide 3-most recent Processing Statements *Name of any <u>current</u> &/or <u>previous</u> Processors:
Have you ever had a payment relationship terminated? <input type="checkbox"/> Yes* <input type="checkbox"/> No If Yes*, please explain:
Any Bankruptcies? <input type="checkbox"/> Yes* <input type="checkbox"/> No If Yes*, please explain:

B2B:	%	B2C:	%	Is your business Seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a recurring/subscription element to the business transactions? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please specify:				

CARD NOT-PRESENT & ECOMM/ONLINE MERCHANTS

List the name(s)/Addresses where the product is purchased:	
Who owns the product(s)/inventory? <input type="checkbox"/> Merchant <input type="checkbox"/> Vendor (drop ship required)	
List the name(s) of Fulfillment house, if any:	
List the name(s) of Shopping Carts and/or CRM provider(s), if any:	
How does the customer purchase/order the product? <input type="checkbox"/> In person <input type="checkbox"/> By Mail/phone <input type="checkbox"/> Internet/Website <input type="checkbox"/> By Fax <input type="checkbox"/> Other	
List the name(s) of Call Center providers, if any:	
Business Description:	Length of Operations:
If you sell products, where are they stored?	
When you receive Authorization, how long before the merchandise/service is shipped? <input type="checkbox"/> 0-7 days <input type="checkbox"/> 8-14 days <input type="checkbox"/> 15-30 days <input type="checkbox"/> 30-90 days <input type="checkbox"/> 90+ days	
What is the delivery time frame of the product/service to the customer? <input type="checkbox"/> 0-7 days <input type="checkbox"/> 8-14 days <input type="checkbox"/> 15-30 days <input type="checkbox"/> 30-90 days <input type="checkbox"/> 90+ days	
List the name(s) of Chargeback Management Systems, if any:	
Any Deposits required? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, what's the deposit %?	
At what point has the customer paid in full? <input type="checkbox"/> 100% Paid in Advance <input type="checkbox"/> 100% Paid upon delivery/completion	
In what geographic areas will the product(s) be marketed & sold?	
What % of sales transactions are international cards?	%
What Shipping service do you use to deliver products to customers? <input type="checkbox"/> FedEx <input type="checkbox"/> UPS <input type="checkbox"/> US Postal Service <input type="checkbox"/> Other, specify:	
How do you Advertise? <input type="checkbox"/> Catalog <input type="checkbox"/> TV/Radio <input type="checkbox"/> Direct Mail/Flyers <input type="checkbox"/> Internet <input type="checkbox"/> Other	
What is your Warranty / Guarantee? <input type="checkbox"/> By Merchant <input type="checkbox"/> By Manufacturer	