

MERCHANT ACCOUNT PRE-CHECK FORM

BUSINESS INFORMATION

CORPORATE / LEGAL NAME		MERCHANT NAME (DBA OR TRADE NAME)		
<input type="text"/>		<input type="text"/>		
LEGAL ADDRESS		CITY	STATE	ZIP
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
DBA ADDRESS <input type="checkbox"/> SAME AS A LEGAL ADDRESS		CITY	STATE	ZIP
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
MAILING ADDRESS <input type="checkbox"/> SAME AS A LEGAL ADDRESS <input type="checkbox"/> SAME AS A DBA ADDRESS		CITY	STATE	ZIP
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
FEDERAL TAX ID NUMBER	<input type="checkbox"/> INDIVIDUAL / SOLE PROPRIETOR	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> GOVERNMENT <input type="checkbox"/> LLC
<input type="text"/>	<input type="checkbox"/> NON-PROFIT (MUST PROVIDE 501C3 LETTER)	<input type="checkbox"/> ASSOCIATION/ESTATE/TRUST	<input type="checkbox"/> INTERNATIONAL	IF <input type="checkbox"/> OTHER: <input type="text"/>
HOW LONG IN BUSINESS?	WEBSITE ADDRESS	PRODUCTS OR SERVICES SOLD:		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

CONTACT INFORMATION

CUSTOMER SERVICE NUMBER	CUSTOMER SERVICE EMAIL ADDRESS	CHARGEBACK NOTIFICATIONS EMAIL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>
PRIMARY CONTACT NAME	PHONE NUMBER	EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>
ACCOUNTING CONTACT NAME	PHONE NUMBER	EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>

PRINCIPALS INFORMATION

(MUST HAVE AT LEAST 51% COMBINED OWNERSHIP)

PLEASE LIST ALL PRINCIPALS WHO, DIRECTLY OR INDIRECTLY, THROUGH ANY CONTRACT, ARRANGEMENT, UNDERSTANDING, RELATIONSHIP OR OTHERWISE, OWN 25% OR MORE OF THE EQUITY INTERESTS OF THE LEGAL ENTITY LISTED IN THIS APPLICATION. IF MORE THAN TWO PRINCIPALS PLEASE INCLUDE IN SCHEDULE B.

PRINCIPAL 1:		<input type="checkbox"/> IS A PEP?	<input type="checkbox"/> IS CONTROLLING PERSON?	
FIRST NAME	MIDDLE NAME	LAST NAME	SSN	% OWNERSHIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME ADDRESS		CITY	STATE	ZIP
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE NUMBER	EMAIL	DL NUMBER, STATE	EXP. DATE	DATE OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PRINCIPAL 2:		<input type="checkbox"/> IS A PEP?	<input type="checkbox"/> IS CONTROLLING PERSON?	
FIRST NAME	MIDDLE NAME	LAST NAME	SSN	% OWNERSHIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME ADDRESS		CITY	STATE	ZIP
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE NUMBER	EMAIL	DL NUMBER, STATE	EXP. DATE	DATE OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CONTROLLING PERSON

IS THIS INDIVIDUAL ALREADY LISTED IN THE PRINCIPALS SECTION? (IF NO, PLEASE COMPLETE THE NEXT SECTION)					<input type="checkbox"/> NO	<input type="checkbox"/> YES
FIRST NAME	MIDDLE NAME	LAST NAME	SSN	% OWNERSHIP	TITLE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
HOME ADDRESS			CITY	STATE	ZIP	
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	
PHONE NUMBER	EMAIL	DL NUMBER, STATE	EXP. DATE	DATE OF BIRTH		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

BANK ACCOUNT INFORMATION

BANK ACCOUNT NUMBER	ROUTING NUMBER	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> MERCHANT FEES & CHARGEBACKS	<input type="checkbox"/> DEPOSITS <input type="checkbox"/> BOTH
BANK ACCOUNT NUMBER	ROUTING NUMBER	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> MERCHANT FEES & CHARGEBACKS	<input type="checkbox"/> DEPOSITS

MERCHANT QUESTIONNAIRE (PLEASE PROVIDE ALL APPLICABLE INFORMATION)

HAVE MERCHANT OR PRINCIPALS EVER FILED FOR BANKRUPTCY?
☐ NEVER FILED ☐ BUSINESS BANKRUPTCY ☐ PERSONAL BANKRUPTCY (IF YES, PLEASE EXPLAIN):

DOES THIS BUSINESS CURRENTLY PROCESS CARDS?
☐ NO ☐ YES (IF YES, PLEASE LIST CURRENT PROCESSORS):

HAVE MERCHANT OR PRINCIPALS EVER BEEN TERMINATED FROM ACCEPTING BANK CARDS FOR THIS BUSINESS OR ANY OTHER BUSINESS?
☐ NO ☐ YES (IF YES, PLEASE EXPLAIN):

HOW IS THE CARD PAYMENT INFORMATION ENTERED INTO THE PAYMENT SYSTEM? ☐ MERCHANT ☐ CONSUMER IF ☐ OTHER:

PLEASE LIST ANY EQUIPMENT AND/OR SOFTWARE USED TO PROCESS CARDS (POINT-OF-SALE, TERMINAL, PAYMENT GATEWAY, CRM ETC.)

IS YOUR BUSINESS PCI COMPLIANT? ☐ NO ☐ YES

PAYMENT CARD INDUSTRY DATA SECURITY STANDARD: MUST PROVIDE COPY OF SELF ASSESSMENT QUESTIONNAIRE. IF APPLICABLE, MUST PROVIDE CERTIFICATE OF COMPLIANCE. MERCHANTS HAVE 90 DAYS AFTER BOARDING TO BECOME PCI COMPLIANT BY PROVIDING SAQ AND/OR SCAN OR WILL BE CHARGED NON-COMPLIANCE FEE.

DO YOU OWN THE PRODUCT/INVENTORY? ☐ YES IF ☐ NO, PLEASE EXPLAIN:

WHERE IS THE PRODUCT STORED/SHIPPED FROM? ☐ BUSINESS LOCATION ☐ OWNED WAREHOUSE ☐ FULFILLMENT CENTER (PLEASE PROVIDE CONTACT AND AGREEMENT)

MERCHANT LOCATION: ☐ SHOPPING CENTER ☐ OFFICE BUILDING ☐ INDUSTRIAL BUILDING ☐ RESIDENCE ☐ OTHER

MERCHANT: ☐ OWNS ☐ RENTS

AREA ZONED: ☐ COMMERCIAL ☐ INDUSTRIAL ☐ RESIDENTIAL

SQUARE FOOTAGE: ☐ 0-500 ☐ 501-2500 ☐ 2501-5000 ☐ 5000-10,000 ☐ 10,000+

SALES PROFILE

AVERAGE TICKET: \$ **HIGH TICKET:** \$ **MONTHLY VOLUME VS/MC/DS:** \$ **MONTHLY VOLUME AMEX:** \$

SALES METHOD (TOTAL MUST EQUAL 100%) CARD PRESENT | RETAIL % CARD NOT PRESENT | MOTO % CARD NOT PRESENT | INTERNET %

LIST THE PERCENTAGE OF SALES TO: BUSINESS-TO-BUSINESS (B2B) % BUSINESS-TO-CONSUMER (B2C) %

WHICH PAYMENT TYPES WOULD YOU LIKE TO ACCEPT? (CHECK ALL THAT APPLY)
☐ VS, MC, DS ☐ AMERICAN EXPRESS ☐ PIN DEBIT ☐ EBT – EBT FNS NUMBER:
☐ OPTBLUE®:

IS YOUR BUSINESS SEASONAL? ☐ NO IF ☐ YES: ☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN ☐ JUL ☐ AUG ☐ SEP ☐ OCT ☐ NOV ☐ DEC

HOW MANY DAYS UNTIL THE CARDHOLDER RECEIVES THE PRODUCT OR SERVICE FROM WHEN THE CARD IS CHARGED? ☐ SAME DAY ☐ 1-5 ☐ 6-15 ☐ 16-30 ☐ OVER 30

WHEN IS THE CARDHOLDER CHARGED? ☐ DATE OF ORDER ☐ DATE OF SHIPMENT ☐ DATE OF DELIVERY IF ☐ OTHER:

DO YOU REQUIRE A DEPOSIT? ☐ NO IF ☐ YES: PERCENT OF SALES AMOUNT REQUIRED: % OR FLAT FEE: \$

BILLING FREQUENCY: ☐ ONE TIME ☐ WEEKLY ☐ MONTHLY ☐ QUARTERLY ☐ ANNUALLY IF ☐ OTHER:

DOES YOUR BILLING STRATEGY INVOLVE AUTOMATIC OR NEGATIVE OPTION BILLING (TRIAL)? ☐ NO ☐ YES

DOES YOUR BUSINESS OFFER ANY OF THE FOLLOWING? ☐ REPLACEMENT ☐ REFUND ☐ PARTIAL REFUND ☐ NO REFUND

REFUND POLICY: ☐ UP TO 30 DAYS ☐ 31-90 DAYS ☐ OVER 90 DAYS ☐ NO REFUNDS IF ☐ OTHER: