

## Pre-Application Credit Card &/or Electronic Check Processing

PLEASE PRINT CLEARLY and fax back to: 713-334-1315

Date:

General Information													
Legal Name/Business Entity:					Doing Business As:								
Physical Address:					Mailing Address:								
City/State/Zip Code:					City/State/Zip Code:								
Contact Name:					Business Phone:								
Federal Tax ID:						Business Fax:							
Email:					Website Address:								
Time in Business	-Years:		Mor	nths:		Date B	usiness S	Started	or Acquired:				
Number of Location	ons:					Location Square Footage:							
	Owners	hip— <i>Circ</i>	cle One	:		Merchant Type—Circle One:							
Sole Owner	Partnershi	p Priv	vate Cor	<b>p</b> ]	LLC	Retail	• •						
Public Corp N	Vonprofit	Oth	ier			Internet Restaurant Home-based Business							
Has applicant ever processed before? Yes No					Has applicant ever been terminated from processing? Yes No								
Specific Type of E	Business a	ınd Produc	t(s)/Ser\	/ice(s)	sold:	Number of days until Product/Service is delivered:							
					Business Hours:								
				Pri	ncipal Offic	cer/Ow	ner Inf	orma	tion				
Primary Name:					Title:	Title:		% Ownership:					
Home Address:					City:				ST:	•	Zip		
Home Phone:					SSN:				DOB:				
Have You Lived Here LESS Than 3 Years? Yes No					No	DL #:	DL #:			State:			
Second Name:	lame:					Title: % C		% Own	nership:				
Home Address:	e Address:					City:		ST:		Zip			
Home Phone:						SSN:		DOB:		T			
Have You Lived H	Here LESS	S Than 3 Y	ears?	Yes	No Reference	DL#:	DEOL	upe:			State:		
Bank Name:					Phone:	S—ALL	. KEQU						
Bank Address Contact:					Contact:	Account #:							
						9 Digit Routing #:							
Primary Supplier: Account				Account#:	Ph		Phor	Phone:		Conta	Contact:		
Supplier Address: City				State		Zip							
Second Supplier: Account #:					Phone:		Contact:						
#2 Supplier Address: City				City	State		Zip						
Landlord: Ci				Circle one:	e one: Own Rent		Phone:		Conta	Contact:			
Setup Features:  Credit Card Processing: AMEX Debit Card Pro					atures: (C bit Card Proce	Circle/Mark Box if Ir essing (Pin Pad Extra):		nterested.) Gift/Loyalty Cards:		E-Commerce/Web Design:			
Free NSF Bad Check Recovery: Discover				Electronic Check Conversion:				Automated Payments:		Check Guarantee:			



## **Pre-Application**

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Business Profile Information										
Legal Name/Busine	ss Entity:	В	usiness Phone Number:							
Describe (in detail)	the services/products	you sell and the average pric	es they are sold for: (Ex:	Children's books sold for around \$	10 plus tax.)					
Explain how you market your services or products from advertising to shipping:										
Explain now you market your services or products from advertising to shipping.										
Please explain WHERE and HOW you advertise. (Be sure you can supply proof, such as ads, brochures, catalogs, websites, or product sample.)										
Describe where the inventory is stored and how you fill your orders (if applicable). If the orders are drop shipped, please supply the name, address, phone, and contact person at the Company that will be drop shipping for you.										
address, prioris, arr	a comact porcorr at an	o company that will be drop t	inpping for you.							
For those providing a service, please explain billing policies (i.e. one time fee, monthly billing, etc.):										
Please explain how	far in advance the cha	arge is made, the cancellation	nolicy and how far in ac	dvance is a notice required for a refu	ınd and what					
	en, verbal, 30 day, etc.		r policy, and now far in ac	avance is a floube required for a few	aria, aria wriat					
Please list and explain any potentially NEGATIVE marks on your credit record (bankruptcy, repossessions, judgments, liens, etc) that could affect										
your application from getting approved by the bank:										
Monthly Average Sales per Card Type: Estimate in regards to credit card sales ONLY: Credit Card Acceptance:										
Visa	sales per Card Type: %	Average Sales Ticket:	edit card sales ONLY:	Credit Card Accepta Swiped (Face to Face)	nce:					
MasterCard	%	HIGH Sales Ticket:	\$	Keyed In (Card NOT Present)	%					
				, , , , , , , , , , , , , , , , , , , ,						
Discover	%	Average Monthly Volume:	\$	Phone/Internet (Keyed In)	%					
JCB/Diners/Other	%	Projected Monthly Volume	\$	Keyed with Card Imprint	%					
Total =	100 %			Total =	100 %					

Please Note: As a benefit to you, there is NO cost or obligation for this analysis. This form is necessary to obtain accurate information about your organization. <u>It is NOT a contract for service.</u> If you choose to apply for our discount credit card processing after our review, we will provide a formal application. All information is held in strict confidentiality. For questions, please call our office at: 713-899-5993