Internet Merchant Services Application

These Documents' must be returned with this application to be approved.

- Certificate of incorporation.

- Last 6 months credit card processing statements **OR** Last 6 months processing statements for ACH or whatever type of processing previously used.

- Clear Copy of Passport for Director (the signatory of the contract).

-voided check or wire instruction.

Who referred you to us?	

General Business Information

Legal Business Name :	
Main Site Name:	
Company / DBA / Trading Name:	
Tax ID Number:	
Type of Company: (sole proprietorship, not for profit, partnership, public corporation, LLC, private corporation, other)	
Date business established (MM/YY)	
Main Phone Number:	
Fax Number:	
Mailing address (street, city, state, country and postcode):	
Registered address (street, city, state, country and postcode):	
Describe your product or service that we will be processing for:	
What is the percentage of products/ services that you sell to: other businesses?	
to consumers?	

If your business offers a service, will there be recurring billing? If yes, will it be weekly, monthly, quarterly, yearly?	
Do you use telemarketing to contact potential customers?	
Do you use mass e-mails to contact potential customers?	
Your company operates from: office suite, retail storefront, warehouse, private residence?	
Web site addresses (list all that we will process for):	_____ _____ _____ _____ _____ _____ _____
What phone number can customers call with questions?	
When are Visa/MasterCard transactions processed?	at date of order: _____ at date of shipment _____ other, explain: _____
If at date of order, how many days is it usually between order date and shipment date?	_____ days
How do you ship the majority of your product orders? (circle one)	Overnight 2-3 day air Ground
What shipping service do you typically use? (circle one)	UPS FedEx DHL Postal Service Other: _____
Do you use a fulfillment house to take your orders or ship products? (circle one)	YES NO

What is the AVERAGE number of days until product delivery to your customers?	
Is business 100% through the Internet?	
Number of Employees:	
What is the most number of days that it takes a product to be delivered?	
Refund policy on credit card sales: (circle one)	Credit Merchandise exchange only Store credit No refunds Refund in 30 days or less Other: _____
Total estimated card sales per month:	
Have you ever accepted credit cards in the past:	
Do you currently accept credit cards:	
Who is your current processor(s):	
Merchant ID number:	
Time with current Processor (years):	
Processing Currency(s):	
Why are you looking to switch processors?	
Highest transaction amount:	
Average transaction amount:	
Current processing rate:	
Monthly chargebacks:	Number: _____ US$: _____
Monthly returns/ refunds:	Number: _____ US$: _____
Current holdback amount: (ex.1 month, 20%, etc.)	
Breakdown of your business by country: (list the top 3 countries and the % of your customers by processing dollars in those countries)	Country Percent 1. _____ _____ 2. _____ _____ 3. _____ _____
Percentage of credit card transactions when credit card is not present at time of sale:	_____**%**

OWNERSHIP: Please list the four owners with the largest share of ownership.

Owner 1 Name:	
Contact Name:	
% of Ownership	
Owner since (MM/YY)	
Residence Address, City, State, Postcode	
Social Security Number if USA resident	
Owner 2 Name:	
Contact Name:	
% of Ownership	
Owner since (MM/YY)	
Residence Address, City, State, Postcode	
Social Security Number if USA resident	
Owner 3 Name:	
Contact Name:	
% of Ownership	
Owner since (MM/YY)	
Residence Address, City, State, Postcode	
Social Security Number if USA resident	
Owner 4 Name:	
Contact Name:	
% of Ownership	
Owner since (MM/YY)	
Residence Address, City, State, Postcode	
Social Security Number if USA resident	

Principal / Primary Contact Information

Name :	
Citizen of what country(s):	

Resident of what country(s):	
Social Security Number (if USA):	
Drivers License Number with country/state:	
Passport Number:	
Country:	
Phone Number:	
Mobile Number:	
Email address:	

Technical Contact Information

Technical Contact Name:	
Technical Email Address:	
Phone (preferably toll free):	

Billing Contact Information

Billing Contact Name:	
Billing email address:	
Billing Phone:	

Chargeback Contact Information

Contact Name:	
Email Address:	
Phone:	

Customer Support Contact Information

Contact Name (if any):	
Email Address:	
Customer support phone number:	

This is where we will have customers contact you when they have questions.

Due Diligence

Previous Applications:	
Have you ever been turned down by a bank before? (yes, no, don't know) If yes, please provide details:	

Fraud:	
Has the company ever been directly or indirectly involved in fraudulent activity, either as a victim or a participant? (yes, no, don't know)	
If yes, please provide details:	

Legal Proceedings:	
Are you currently involved directly or indirectly in litigation proceedings? (yes, no, don't know)	
If yes, please provide details:	

Liquidation/Bankruptcy:	
Have you, or any director of the company, ever been a director of a company that has been subject to an involuntary liquidation or bankruptcy? (yes, no, don't know)	
If yes, please provide details:	

Payment Processing Profile Information for Deposits

Bank name:	
Bank address:	
Routing or swift number:	
Business checking account number for merchant card deposits:	
Name on your account:	
Address on your account:	

ACCOUNT TERMS

Discount Rate & Fees

Merchant Discount Rate: _____**%** (base on type of business, volume and history)

Set Up fee This one time fee will be deducted from your bank account upon approval	$_____
Monthly Maintenance Fee	$ 0.00
Transaction Fee (approvals, credits, declines)	$ 0.40
AVS	$ 0.00
Charge back fee	$ 45.00
Wire Fee	$ 45.00
Holdback (Reserve/Holdback for rolling 6 months)	10.00%

Payout once a week with 10 business days delay

We wire every Thursday to all merchants due more than $1,000.

Average ticket not to exceed $1,200

Price display: The customer must be able to identify the final price of a product unmistakably.

Payout schedule example:

M	T	W	T	F	S	S
30	31	1	2	3	4 captures 8th	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3

RED = Transaction processed (week is Sat to Fri)
PINK = Capture
GREEN = Settlement by our bank
BLUE = Wire to you

SIGNED:

MERCHANT NAME: _____

BY: _____ DATED: _____
Merchant Authorized Signature (Principal One)

BY: _____ DATED: _____
Merchant Authorized Signature (Principal Two)

(888) 9GOT VISA Fax: (866)543-6620 sales@PREFERREDMerchants.com