



Merchant Application and Agreement

SECURENET USE ONLY			
Merchant ID:	Agent Name:	MCC:	BIN:

MERCHANT INFORMATION			
Business Legal Name			
Business Legal Address		City	State Zip
Telephone Number	Fax Number (for chargeback notifications)	Tax ID #	Business Start Date (MM/YYYY)
Merchant "Doing Business As" Name (max. 23 characters including spaces)			How Long At This Location?
Location Address (No P.O. Box)		City	State Zip
Customer Service Telephone Number	Primary Merchant Contact	E-Mail Address (for Merchant Account correspondence)	
Company Website Address (URL)		Describe Merchandise Sold or Services Provided	
Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Public Corporation <input type="checkbox"/> Private Corporation <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit			
Type of Business: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Mail/Telephone Order <input type="checkbox"/> e-Commerce <input type="checkbox"/> Business-to-Business <input type="checkbox"/> Medical <input type="checkbox"/> Lodging <input type="checkbox"/> Petroleum <input type="checkbox"/> Petroleum w/ Store			

SERVICES APPLYING FOR	
<input type="checkbox"/> Visa/ MasterCard/ Discover Network	<input type="checkbox"/> American Express: <u>Existing AmEx Merchant Number, If Any</u> <input type="checkbox"/> PIN Debit

OWNERS/OFFICERS (List the owners with the largest share of ownership. The owners listed must sign pages 2 and 3 of this document.)					
1. Name		Title		Percent Ownership	
Residence Address		City		State	Zip
Telephone Number	SSN	Date of Birth	Driver's License #	State	
2. Name		Title		Percent Ownership	
Residence Address		City		State	Zip
Telephone Number	SSN	Date of Birth	Driver's License #	State	

BANK INFORMATION (Please attach pre-printed, voided check or bank letter.)		
Bank Name	Transit Routing Number	Account Number
Address	City	State Zip
Contact	Telephone Number	Fax Number

UNDERWRITING PROFILE	
Total Annual Sales Volume (Credit, Debit, Check & Cash): \$	Average Ticket (Credit & Debit Card Transactions): \$
Total Annual Sales Volume (Credit & Debit Card Only): \$	High Ticket (Credit & Debit Card Transactions): \$
Average Monthly Sales Volume (Credit & Debit Card Only): \$	Average # of Transactions Per Month:
% card sales generated by: [___% Card-Present (Card Swiped)] [___% Card-Present (Manual Entry)] [___% Card-Not-Present (MO/TO)] [___% e-Commerce (Internet)] = 100%	
Is your business seasonal? <input type="checkbox"/> No <input type="checkbox"/> Yes	
High Volume Month(s): <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec	

DELIVERY, REFUND & SALES DEPOSIT POLICY	
From date of charge, products and/or services are delivered in: [___% 0 - 7 days] [___% 8 - 14 days] [___% 15 - 30 days] [___% 30+ days] = 100%	
Do you have a refund policy for your Visa/MasterCard/Discover Network sales? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please specify the refund policy: <input type="checkbox"/> Exchange <input type="checkbox"/> Store Credit <input type="checkbox"/> Credit Card Refund <input type="checkbox"/> Cash Back <input type="checkbox"/> Other If Credit Card Refund, within how many days do you deposit credit/refund transactions? <input type="checkbox"/> 0-3 Days <input type="checkbox"/> 3+Days	Are customers required to provide a deposit? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what percent of the total sale is required? _____%

