

Merchant Application

COMPANY PROFILE					
Merchant Name (DBA or Trade Name)			Corporate/ Legal Name		
Location Address			Corporate/ Billing Address		
City, State	Zip/Postal Code	Country	City, State	Zip/Postal Code	Country
Contact Name / Relationship	Email Address		Country of Incorporation	Company Registration # / Federal Tax ID	
Telephone Number	Fax Number		Length of Time in Business:		
Have you ever filed for Bankruptcy?			Type of Business:		Limited Liability Company
YES NO If yes when			Sole Proprietor Corporation Partnership		Not for Profit

OWNERSHIP PROFILE (ownership must equal 50% or more)					
Name - Principal #1		Title	% Owned	Telephone Number	Email Address
Date of Birth		Social Security #		Driver License/Passport #	State/County of ID
Address		City, State		Zip/Postal Code	Country
Name - Principal #2		Title	% Owned	Telephone Number	Email Address
Date of Birth		Social Security #		Driver License/Passport #	State/County of ID
Address		City, State		Zip/Postal Code	Country

BUSINESS PROFILE					
Current Acquirer:		Current Gateway :		Reason for leaving current acquirer (if applicable):	
Length of time accepting credit cards:			Percentage of foreign transactions:		
			% U.S. % Europe % Asia % Rest of the World		
Method of Acceptance (must equal 100%):			Estimated Monthly Volume		Average Ticket Highest Ticket
MOTO: % Internet: % Swipe: %					
URL(s)					
Descriptor (max 25 characters: For example - company name, phone #, URL) will be shown on Credit Card statement					
Description of products/ services sold (Product Category)			Recurring Services? YES NO If yes describe		
Is a Call Center used? YES NO If yes, name of company			Is a Fulfillment House used? YES NO If yes, name of company		
Card Types Accepted:	Visa	MasterCard	American Express	Discover	Diners JCB Other

BANK INFORMATION					
Bank Name		Bank Address		Bank Phone Number	
Account Number:		ABA routing code (US):		Account Holder:	

SITE INSPECTION								
Merchant:	Owns	Rents	Landlord:	Building Type:	Shopping Ctr	Office Bldg	Industrial Bldg	Residence
Area Zoned:	Commercial	Industrial	Residential	Square Footage/m2:	0-500	501-2500	2501-5000	5001-10000+
Does Merchant have the appropriate facilities, equipment, inventory, personnel and license /permit to operate their business?								No Yes

Declarations:

I hereby confirm to be the owner of the listed website(s). I further declare to have full control and authorization of the website content. I acknowledge and agree that I will not use the Processing System for transactions relating to; 1) Sales made under a different trade name or business affiliation than indicated on this Agreement or otherwise approved by the acquirer in writing; 2) Fines or Penalties of any kind, losses, damages or any other costs that are beyond the Total Sale Price; 3) Any transaction that violates any law, ordinance, or regulation applicable to my business; 4) Goods which I / we know will be resold by a customer whom I / we reasonably should know is not ordinarily in the business of selling such goods; 5) Sales by third parties; 6) Any other amounts for which a customer has not specifically authorized payment through the acquirer; 7) Cash, traveler's checks, Cash equivalents, or other negotiable instruments; or 8) Amounts which do not represent a bona fide sale of goods or services by me / us. I also declare on behalf of the company and on behalf of myself that, to the best of our knowledge, neither the company nor the website nor myself (or any of us) have ever been involved in excessive chargeback's, fraud or content violation nor have any of the above ever terminated by an acquirer or asked by an acquirer to terminate an agreement within a set period of time.

Investigate Consumer Report

An investigative or consumer report may be made in connection with application. Merchant authorizes any party to the agreement or any of their agents to investigate the reference provided or any other statements or data obtained from merchant and from any of the undersigned personal guarantor(s), or from any person or entity with any financial obligations under this agreement. You have a right, upon written request, to a complete and accurate disclosure of the nature of and scope of the investigation requested.

Principal # 1 Signature	Date	Principal # 2 Signature	Date
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Merchant Questionnaire

GENERAL INFORMATION

Applying Corporate Name:

Corporate Address:

Name(s) of Principal(s):

Contact Number:

Email Address:

OFFER/CAMPAIGN INFORMATION

-Describe the product being sold:

-What are the price points for the product? *Price 1: \$* *Price 2: \$*

-Is there recurring billing? Is this a trial offer? If yes, provide details:

S&H: \$ *Trial Period:* *Rebill Cycle:*

-How is the product advertised or marketed?

-List all major affiliates, networks and publishers used to generate sales:

-What CRM and systems do you use to track sales?

-What are the cancellation, return, and refund policies?

-List all URLs for the websites that the product/services are being sold through for this merchant account:

DELIVERABLE PRODUCT INFORMATION:

-Where is the fulfillment handled?

-Is the customer's signature required upon delivery

-If yes, please provide details:

-Who manufactures the product?

If selling digestibles, supplements, etc.

-Is the manufacturer of the product a GMP certified facility?

-Has there been any clinical research done on the product?

-How many units per day is your manufacturer capable of producing?

-On average, how much product is maintained in stock?

-Do you receive inventory or shipping reports?

-At what point during the order process is the cardholder charged?

-Once an order is placed, how long before the product is shipped?

-Is a call center used to take orders?

-What happens if the product is unavailable?

CUSTOMER SERVICE:

-Who handles inbound customer service?

-If In House, how many customer service representatives?

-What system/company is used to handle chargebacks?

-Do you have a quality control process in place to review orders on a regular basis?

-Customer service phone number to appear on cardholder statements?

Merchant Questionnaire

GENERAL BUSINESS:

- Has the business been added or aggregated into any chargeback monitoring programs (MCMP, ECP) with any of the card associations (MC, Visa, Amex, Discover, or JCB)?
- Does the business have any association, in any way, with any other "Parent" or "Sister" companies?
-If yes, list company name:
- Is the company a reseller for another company's product offerings?
- Does the principal business owner signing the application have the business knowledge/experience, or otherwise have invested/capitalized the company, or have specific industry knowledge to aid in the success of the operations?
- Does the principal business owner own or control any other companies that are customers of PayKings?
-If yes, list company name:

AUTHORIZED CONTACT:

I _____ consent to add the below person(s) as an authorized contact on my account applications. I understand that an Authorized contact may obtain account information and submit merchant application related information on my behalf. By giving this consent, I recognize that my business and merchant account information(if approved) will be made available to the person(s) listed below. I may revoke this authorization at any time by providing Paykings with written notice. The authorized contact(s) name, telephone number and email address are listed below.

AUTHORIZED CONTACT:
ADDITIONAL CONTACT'S NAME:
CONTACT'S ROLE:
TELEPHONE NUMBER:
EMAIL ADDRESS:

I certify that the preceding statements and answers listed above are true and accurate with respect to the substance of the questions and these representations will be wholly or partially used to make a credit decision

Company:

Principal Owner Name:

Signature: _____