



Merchant Account Application for Payment and Payroll Processing Services

This page is intended as a cover sheet and is not required to be returned with the completed application

Quick Start Guide

Read this page first

This Merchant Account Application is intended to be completed in its entirety to ensure timely processing and setup of your Electronic Payment Processing Services account. It is our goal to make this application process as simple as possible while, at the same time, ensuring we have the information necessary to meet industry requirements. We hope you'll find this application easy-to-use and the requirements reasonable.

This application is divided into four parts along with a supplemental instructions page:

PART 1: DOCUMENTATION CHECKLIST – This section lists the documents you will need to submit with the application.

PART 2: MERCHANT ACCOUNT APPLICATION – This is the main portion of the application and includes an important signature block. This portion of the application will be used to procure a due diligence report and may be forwarded on to Merchant Provider Solution's bank partners for their similar purpose. Sign and date this page and include it with submission.

PART 3: PRIOR PAYMENT PROCESSOR HISTORY – This section is a worksheet where you will list your previous and/or current payment processor relationships including some key statistics we need to make an accurate risk assessment. Please be advised that we may contact your prior processors if we need additional information. Please note that you may request that we do not contact your current processor if you believe it would negatively impact your relationship with them. A check-box on the worksheet is provided for that purpose. Initial this page and include it with submission.

PART 4: ACCOUNT SETUP INFORMATION - This portion provides us with the details needed to quickly setup your account. Please complete this section entirely to ensure a timely setup. Initial this page and include it with submission.

ADDITIONAL HELPFUL INSTRUCTIONS – Included at the end of this document are some instructions and other information offered for clarity and to help answer your questions as you complete this document. This page does not need to be submitted to . with this package.

HOW TO SUBMIT THIS APPLICATION

Please submit the application and additional documents using one of these methods:

By Email: **Scan documents and email to admin@paymitco.com**

Note: Fax images of photo IDs are usually illegible. A scanned image is preferred.

► IMPORTANT ◀

This application must be complete and include all additional documents before we can process it.

PART 1 – APPLICATION CHECKLIST

This Merchant Account Application requires a set of documentation to be submitted with it. It is required by various laws and agreements with its financial institutions to obtain and verify this information as a condition for providing its services. Please use the check boxes at the left to indicate which documents are included. Descriptions and alternatives are described in the right-hand panels

Required Documents – All documents in this section are required before the application will be processed.

BUSINESS DOCUMENTATION - For All Applicants	
<input type="checkbox"/> Evidence of a Business Entity	One of the following documents: <ul style="list-style-type: none"> • Articles of Incorporation • Business License • Copy of Office Lease • Contract of Agreement with Fulfiller if applicable
<input type="checkbox"/> Proof of Physical Business Office	
<input type="checkbox"/> Fulfillment Contract	
<input type="checkbox"/> Evidence of Financial History	<ul style="list-style-type: none"> • Current Financial Statement • Current Company Tax Return • Current Personal Tax Return (<i>if sole proprietor</i>) • 6-month Bank Statements
<input type="checkbox"/> Identification of Business Principals	One of the following documents: <ul style="list-style-type: none"> • Copy of valid Drivers License • Copy of valid Passport • Copy of valid Government-issued Photo ID
<input type="checkbox"/> A signed copy of this Merchant Account Application with all pages filled out completely.	
CONSUMER AUTHORIZATION (a) - For Applicants Accepting Telephone Orders (if applicable)	
<input type="checkbox"/> Copies of all Sales and Verification Scripts	* If you are not voice-recording telephone authorizations, please provide examples of current authorization techniques.
<input type="checkbox"/> Instructions for accessing Voice Recordings*	
CONSUMER AUTHORIZATION (b) - For Applicants Accepting Internet Orders (if applicable)	
<input type="checkbox"/> A Screen Shot (s) or URL of the Consumer Authorization web page	
MARKETING AND SALES MATERIALS - For All Applicants	
<input type="checkbox"/> Copies of Marketing Materials	These are the documents commonly made available to consumers giving us insight into your customer's experience.
<input type="checkbox"/> Return Merchandise Authorization Policy	
<input type="checkbox"/> Consumer Refund Policy	The law requires us to understand your business practices as thoroughly as is reasonably possible.

Important Note: All of these documents must be complete, legible and accurate. Incomplete or illegible documentation may delay processing your account. For example, a fax image of a driver's license is almost always illegible.

Here's a suggestion: An inexpensive scanner is an ideal way to manage all your important documents. Scanning your documents is quick and simple, producing high-quality reproductions that are easy to store and send anyone who needs them.

Initial this page here: _____



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PART 2 – MERCHANT ACCOUNT APPLICATION – *This page requires a signature*

Your Company						
Legal Business Name			DBA Name (if applicable)			
Physical Address (P.O. Box or mail drop not acceptable)			City	State	Zip	
Mailing Address (If different from above)			City	State	Zip	
Main Business Phone	Business Fax		Years in Bus.	Number of Employees	Business Location Home or Office	
Principal Name / Title (1)		Principal SSN	Personal Phone (or cell)		Personal Email	
Principal Name / Title (2)		Principal SSN	Personal Phone (or cell)		Personal Email	
Corporation (INC, LLC) <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Non-profit Organization <input type="checkbox"/> Other _____ Privately Held <input type="checkbox"/> Publically Traded <input type="checkbox"/>						
Date Incorporated	State Incorporated	Federal Tax ID or NEQ#		DUNS Number	SIC Code	
Your Banking Relationship This is where we will settle your funds to						
Bank Name			Bank Address	Swift Code (Mandatory)		
Name on Bank Account		Bank Routing and Account Number			Date Account Opened	
Bank Contact Name			Bank Contact Phone Number		Bank Contact Fax Number	
Marketing and Sales Information How you sell your product or service						
Primary Product Name/Description						
eCommerce URL (if applicable)						
How your Products are marketed? <input type="checkbox"/> Direct Response (television) <input type="checkbox"/> Internet (ecommerce web site)		How your Orders are taken? <input type="checkbox"/> Telephone <input type="checkbox"/> Internet		How are Consumer Authorizations obtained? <input type="checkbox"/> Signed Document (actual signature) <input type="checkbox"/> Voice Recording (from telephone call)-kept 2 yrs.		



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<input type="checkbox"/> Print Catalog/ Direct Mail <input type="checkbox"/> Other: _____	<input type="checkbox"/> Mail order <input type="checkbox"/> Other: _____ If "Other", please specify in a word or two	<input type="checkbox"/> Web Page terms and conditions <input type="checkbox"/> Sending post card or email <input type="checkbox"/> None of the above (we can help!)
Do you offer upsell items through another marketer? Do you use affiliate marketing? Please briefly describe:		For reasons of compliance or requests by Banks or other agencies, . may request copies of or access to consumer authorization documents or recordings from the merchant or merchant's call center.
Product Price Range (USD) Low \$ High \$	Projected Monthly eCheck Volume In Number of items	

Authorization and Release

I hereby authorize Paymitco LLC, or its agent to procure a Due Diligence Report which I understand may include information regarding Merchant's credit worthiness, general reputation, business characteristics, or other risk factors. This report may be compiled with information from credit bureaus and any other source to verify information that I have voluntarily supplied in this Merchant Account Application.

I certify that the above information is true and correct, to the best of my knowledge.

Signature

Printed Name

Title

Date



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PART 3 – PAYMENT PROCESSING HISTORY

▼ ☐ Check this box if you have no current or prior Payment Processor relationships – or – complete the following page:

Your Current or Most Recent Payment Processor				
Processor Company Name		<input type="checkbox"/> Active Contract - Do not contact this processor!		
Contact Name		Contact Phone Number		
Service Start Date	Processing Services (check all that apply) <input type="checkbox"/> Credit Cards <input type="checkbox"/> ACH (eChecks) <input type="checkbox"/> Demand Drafts (paper checks)	Your Merchant ID (what your processor knows you as)		
Service End Date		Reason for Leaving Processor		
<input type="checkbox"/> Still Actively Processing				
Processing Statistics for your current or most recent payment processing activity				
Please provide statistics averaged for the last full three (3) months		Credit Cards	ACH (eChecks)	Demand Drafts
Average number of transactions processed per month (#)				
Average dollar amount per transaction per month (\$)				
Average percentage of credit card chargebacks per month (%)			N/A	N/A
Average percentage of total ACH returns per month - all reason codes (%)		N/A		
Average percentage of ACH unauthorized returns per month - R07, R10, R29 (%)		N/A		N/A

▼ ☐ Check this box if you do not have a Previous Payment Processor – or – complete the following section:

Your Previous Payment Processor immediately prior to the current or most recent payment processor			
Processor Company Name		<input type="checkbox"/> Active Contract - Do not contact this processor!	
Contact Name		Contact Phone Number	
Service Start Date	Processing Services (check all that apply) <input type="checkbox"/> Credit Cards <input type="checkbox"/> ACH (eChecks) <input type="checkbox"/> Demand Drafts (paper checks)	Your Merchant ID (what your processor knows you as)	
Service End Date		Reason for Leaving Processor	
<input type="checkbox"/> Still Actively Processing			



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Processing Statistics for your previous payment processing activity

Please provide statistics averaged for the last full three (3) months	Credit Cards	ACH (eChecks)	Demand Drafts
Average number of transactions processed per month (#)			
Average dollar amount per transaction per month (\$)			
Average percentage of credit card chargebacks per month (%)		N/A	N/A
Average percentage of total ACH returns per month - all reason codes (%)	N/A		
Average percentage of ACH unauthorized returns per month - R07, R10, R29 (%)	N/A		N/A

IMPORTANT: If you have checked the box next to “Active Contract – Do not contact this processor”, we will gladly honor your request for confidentiality. However, our inability to independently verify this information may affect certain risk management aspects of your account such as reserve levels.

Initial this page here: _____



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PART 4 – ACCOUNT SETUP INFORMATION

Section A – Additional Contacts

Operational Contacts Those with whom . will have regular contact		
Business Contact Name	Phone Number	Email Address
Finance/Accounting Contact Name	Phone Number	Email Address
Technical Contact Name	Phone Number	Email Address
Customer Service Contact		
Customer Service Contact Name	Customer Service Contact Phone Number	Hours of Operation
Public Customer Service Phone Number	Public Customer Service Email Address	Number of Representatives
Contract with Customer Support Center if Applicable	Answered by a live operator? Yes/No	

▼ ☐ Check here if not applicable to you or all logistics are handled by your company – or - complete the following section:

Logistical Contacts Your third-party call center, Internet payment gateway or fulfillment center vendors	
Origin Company – Who will send . your transactions	Origin Contact Name
Origin Contact Phone Number	Origin Contact Email Address
Fulfillment Company – Who delivers your product or service	Fulfillment Contact Name
Fulfillment Contact Phone Number	Fulfillment Contact Email Address
Internet Payment Gateway Provider (i.e. CyberSource, Authorize.Net, etc)	

Section B – Bank Statement Configuration

Please provide a 12-character description of your product or company. This will appear on your customer's bank statement and should be something your customer will easily recognize. For example: ACME TOYS or WEBHOSTING.

Descriptor (10 characters max, including spaces)



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Section C – Please complete the following brief questionnaire

- Yes ☐ No ☐ Are any of your consumer payments considered "MOTO" (mail order or telephone order)? *Note: Even if you market your products on your website, if your customers call or mail their order to you, please check this yes to this item.*
- Yes ☐ No ☐ Do you have a method in place to verify the identity of your customers to ensure they really are who they say they are? If not, or if you're unsure, we can help!
- Yes ☐ No ☐ Do your customers create an account at your website where they login for subsequent purchases?
- Yes ☐ No ☐ Do you offer your customers a multi-payment, automatically recurring, or similar subscription option?
- Yes ☐ No ☐ Would you like us to automatically resubmit payments one more time if returned for insufficient funds?

Initial this page here: _____



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ADDITIONAL INSTRUCTIONS

Throughout the document, you may have noticed references to this section, or perhaps you've encountered an item you need a little more explanation on. Here you'll find some information to help you better understand the requirements of each section.

OVERVIEW

The intent of this Merchant Account Application document is to make it as clear and simple as possible to complete in order to get you up and running with quickly. It is very important to be as complete as possible and to include all the supplemental documentation required in Part 1. Also, please do not forget to sign or initial each page in the space provided.

PART 1: APPLICATION CHECKLIST

Submitting the forms - While we need signed copies, we will accept a facsimile or scanned copy to initially setup your account.

Additional Documents checklist - Part 1 includes a list of additional documents we request you include. As the world of electronic commerce expands, so do the rules and practices commonly known as "know your customer" and its bank partners are required to verify a number of characteristics of each merchant, including but not limited to, the identities of its principals, the legal status of the business itself, and the quality of the marketing, sales, and consumer authorization efforts. It is essential to include these documents, in a clear and readable format. Certain documents, such as drivers licenses, often photo copy badly, particularly if the photo copy will then be faxed. Please use care in making sure the documents or copies are legible.

PART 2: GENERAL INFORMATION

This is the portion of the document we will use to qualify you for a processing account. We have made every effort to simplify the application; however, it requires detailed information on the principals of your company including personal contact information. In response to the events of recent years, a much greater emphasis on "know your customer" is emerging in the banking industry and is intended as much to protect you and your interests as it is to meet the standards set forth by congress and the various regulatory agencies that govern the electronic payments industry.

PART 3: PAYMENT PROCESSING HISTORY

This portion of the document is critical to making the best possible risk analysis, which may affect reserves, pricing and contract terms. It is common practice request information, going back 3 years, and to independently verify the information but will honor your request for confidentiality. If you do not have any prior history, this, by itself, does not disqualify your application.

PART 4: ACCOUNT SETUP INFORMATION

Section A – Additional Contacts - In the application, Part 2, you gave us the contact information of your company's principals, owners, or senior management. In this section, we ask for the contacts we will work directly with day by day.

Operational Contacts - These may be your accounting or technical staff.

Customer Service Contacts – For consumer issues, this is who we should communicate with on your end and includes a phone number and email address where we can refer your customers if they call us.

Logistical Contacts - If you outsource to third-parties for order taking, such as a call center or Internet service provider or for product fulfillment, AND you need us to work directly with them, please list their contact information. If you outsource but we do not need to work with anyone but you, please check the box above the Logistical Contacts section.

Section B – Bank Statement Configuration – We print a description and customer service phone number on every consumer's bank statement. This will appear the same way for all your customers (Sorry, we cannot print a separate order ID for each customer). Please choose your descriptor carefully. If you leave this field blank, we will assign one for you. Also, we will use either our customer service number or yours, depending on what makes the most sense.

Section C – Questionnaire – Please choose yes or no to each question. This will help us better understand your business and how to apply various settings to your account.