



SAGE PAYMENT SOLUTIONS

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McLean, VA 22102-4304

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SAGE PAYMENT SOLUTIONS

## MOTO INTERNET MERCHANT QUESTIONNAIRE

### FOR OFFICE USE ONLY

OFFICE ID / NAME

Commerce Technologies

REP NAME / ID #

APP ID #

### MERCHANT INFORMATION

DBA NAME

CONTACT NAME

PHONE #

### QUESTIONS

1. Type of Merchant: *(check all that apply)* ☐ Internet / On-Line Sales ☐ Mail / Telephone Order

2. What product(s) or service(s) does your organization provide the cardholder? *(Please be specific)*

3. Does your organization have a store front location? ☐ Yes ☐ No

If Yes, what is the physical address at business location?

4. Are orders received and processed at business location? ☐ Yes ☐ No

5. Where is inventory housed?

6. Are any of the following aspects of your business outsourced to other companies? *(check all that apply)*

☐ Customer Service ☐ Product Shipment ☐ Handling of Returns ☐ Cardholder Billing

7. How are products / services marketed?

8. Describe your refund / cancellation policy? *(include restocking charges, if applicable)*

9. By what methods do sales take place? *(i.e., internet, trade shows, etc.)*

10. Please explain your billing / delivery policy:

- ☐ Full Payment upfront with \_\_\_\_\_ days until product / service delivery.
- ☐ Partial Payment required upfront with \_\_\_\_\_ % required and with \_\_\_\_\_ days until final product / service provided.
- ☐ Payment received after product / service is provided.

11. If product / service delivery requires recurring billing, please explain available billing options:

☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

12. What is the customer service number? *(toll-free preferred)*

13. Merchant Web Site URL Listing:

### SIGNATURE AND ACCEPTANCE

Merchant signature attests to the accuracy provided and agrees that any change in the business described in this addendum will not be implemented without authorization from Sage Payment Solutions

MERCHANT SIGNATURE

SALES REPRESENTATIVE

MERCHANT NAME (PLEASE PRINT)

DATE

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