

# INTERNATIONAL 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			Technical Contact Name			Email Address	
Telephone Number		Fax Number			Billing Contact Name			Email Address	
Country of Registration (incorporation)			Company Registration Number / Federal Tax ID				VAT Identification #		
Is your company registered in EU? <input type="checkbox"/> YES <input type="checkbox"/> NO					Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company				
Have you ever filed for Bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes when _____					<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Not for Profit				
Registered Corporate Name (EU)					Registered Directors (EU)				
Registered Office Address (EU)					City, Province		Postal Code		Country
Length of Time in Business:		Capital Resources:			Turnover Last Year (income):			Number of Employees	
OWNERSHIP PROFILE (ownership must equal 50% or more)									
Name - Principal #1			Title	% Owned	Telephone Number			Email Address	
Date of Birth			Social Security #		Identification Type			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 #		Identification Type			State/County of ID	
Address			City, State		Zip/Postal Code			Country	
BUSINESS PROFILE									
Please provide a profile of the company									
Current Acquirer			Current Gateway			Reason for leaving current acquirer:			
Length of time accepting credit cards:					Percentage of foreign transactions: ____ % U.S. ____ % Europe ____ % Asia ____ % Rest of the World				
Method of Acceptance (must equal 100%): <input type="checkbox"/> MOTO ____ % <input type="checkbox"/> Internet ____ % <input type="checkbox"/> Swipe ____ %					Estimated Monthly Volume		Average Ticket		Highest Ticket
URL(s)									
Descriptor (max 25 characters - company name, phone #, URL)									
Description of products/ services sold (include length of service and pricing)					Recurring Services? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes describe				
Is a Call Center used? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes describe					Is a Fulfillment House used? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes describe				
Card Types Accepted:		<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> Diners	<input type="checkbox"/> JCB	<input type="checkbox"/> Other	

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## CURRENCY REQUESTED

In which currency are your products sold?

In which currency would you like payment to be transferred to your bank account?

## BANK INFORMATION

SWIFT/BIC (Bank Identifier Code)	Bank Name	Bank Address	Bank Phone Number
Account Number:	SWIFT Number:	Account Holder:	IBAN Number:

PROCESSING HISTORY	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO	6 MONTHS AGO
Sales volume						
Transactions						
Chargeback volume						
Number of Chargeback's						
Refunds volume						
Number of refunds						

## CARDHOLDER DATA STORAGE COMPLIANCE

1. Are you using software or gateway application? ☐ Yes ☐ No

2. a) What third party software company/vendor did you purchase your POS Application from? \_\_\_\_\_

b) What is the name of the third party software? \_\_\_\_\_ Version #? \_\_\_\_\_

c) Do your transactions process through any other third parties, web hosting companies or gateways? ☐ Yes ☐ No

If yes, who is it? \_\_\_\_\_ (Please continue to Question #4)

4. a) Do you or your vendor receive, pass, transmit or store the full cardholder number, electronically? ☐ Yes ☐ No

b) If yes, where is card data stored? ☐ Merchant ☐ Third Party Only ☐ Both Merchant & Third Party

b1.) Are you or your vendor PCI/DSS (Payment Card Industry/Data Security Standard) compliant? ☐ Yes ☐ No

b2.) What is the name of your Qualified Security Assessor? \_\_\_\_\_

b3.) Date of compliance: \_\_\_\_\_ Date of last scan: \_\_\_\_\_

4. Have you ever experienced an account data compromise? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

\*\*\*\*\* Card Association requirements dictate it is prohibited to store track data in any circumstance. Further, it is recommended that no merchant or a merchant's third party vendor store cardholder data. If you or your vendor store data, you or your vendor are required to be PCI DSS compliant. Failure to adhere to these requirements may result in fines or loss of card acceptance. \*\*\*\*\*

## 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 Payvision's 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.

By printing your name below, you here by agree and accept.

Principal # 1	Date	Principal # 2	Date

## Required Documents:

- 6 Months Merchant Processing Statements
- Copy of Principals Passport/National ID
- Certificate of Incorporation (Originating Co. & EU registered Co.)
- Articles/ Memorandum of Association
- Copy of Business/Operating License
- Voided Check
- Most recent Business Bank Statement
- MOTO/E-Commerce Merchant Info Form
- Cross Corporate Guaranty (Originating Co. to EU registered Co.)

# MOTO/E-COMMERCE MERCHANT FORM



Merchant Name \_\_\_\_\_

Monthly Processing Volume: \_\_\_\_\_ Average Ticket: \_\_\_\_\_

Provide a description of products or services offered: \_\_\_\_\_

Describe all pricing, membership packages, length of service \_\_\_\_\_

List all URL(s) \_\_\_\_\_

Provide password and username for all URL's \_\_\_\_\_

Do you provide services to websites that are not fully owned by you? ☐ Yes ☐ No

If yes, list URL(s) and explain \_\_\_\_\_

Descriptor (max 20 characters – company name, phone #, URL) \_\_\_\_\_

Are the following visible on the web site?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| • The company name identifiable to cardholder?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • The address and contact identifiable to cardholder? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • The statement on transaction security?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • The Card Brand logos?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • The Pricing & Length of Term of Service?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • The Statement of Fulfillment/Shipping Policy?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

In what geographical areas will your products be sold / services offered? \_\_\_\_\_

What type of personal information do you require consumers to supply (i.e. name, phone number, address, email, etc.)? \_\_\_\_\_

Is the above information verified by customer contact? ☐ Yes ☐ No

How does the business advertise? ☐ Direct Mail ☐ Yellow Pages ☐ Magazines ☐ Radio/Television ☐ Internet

Please describe all marketing channels and activities promoting this service \_\_\_\_\_

How are products or services sold? ☐ Internet ☐ In-Person ☐ Mail Order ☐ Phone Order

Who enters credit card into processing system? ☐ Merchant ☐ Fulfillment Center ☐ Consumer

Who processes the order? ☐ Merchant ☐ Fulfillment Center ☐ Other: \_\_\_\_\_

What are your shipping time frames? ☐ download ☐ instant access ☐ within 1 week ☐ within 2 weeks ☐ longer

Who ships the product? ☐ N/A ☐ Merchant ☐ Fulfillment Center

# MOTO/E-COMMERCE MERCHANT FORM



What shipping service is used? ☐ N/A ☐ US Mail ☐ Other \_\_\_\_\_

What type of service is used? ☐ N/A ☐ Regular ☐ Overnight ☐ Other \_\_\_\_\_

Is a delivery receipt requested? ☐ N/A ☐ Yes ☐ No

Is delivery tracking available? ☐ N/A ☐ Yes ☐ No

Do you have a free trial membership? ☐ Yes ☐ No What is the length? \_\_\_\_\_

Describe the strategy at the end of the free trial membership \_\_\_\_\_

Do you require registration and credit card before free trial? ☐ Yes ☐ No

Do you offer a recurring billing model? ☐ Yes ☐ No If yes, please describe? \_\_\_\_\_

Do you offer any cross selling? ☐ Yes ☐ No If yes, please describe? \_\_\_\_\_

Do you offer any up-sell/opt in/opt out add on products/services ☐ Yes ☐ No If yes, please describe the function, the product/service and URL(s)? \_\_\_\_\_

Do you offer affiliate programs? ☐ Yes ☐ No If yes, please describe \_\_\_\_\_

Do you use a call center? ☐ Yes ☐ No If yes, please describe the process and provide scripts, tape recording, wave file of typical sales conversation? \_\_\_\_\_

Do you use a fulfillment house? ☐ Yes ☐ No If yes, list the name(s) and address of third party or fulfillment organizations, or parties aside from your staff who will assist or participate with the sale, marketing and processing of orders or shipping of merchandise: \_\_\_\_\_

List the name(s) and address of vendors from which the product is purchased \_\_\_\_\_

Have you had, or are you in any Visa, MasterCard, Discover, etc violations, or chargeback monitoring programs? \_

Who handles your risk, fraud, chargeback, and retrieval request management? \_\_\_\_\_

Describe all fraud controls? \_\_\_\_\_

Is a negative cardholder database maintained (i.e. a database where a record of credit cards that have a chargeback, credit or negative history and all transactions are checked against this database for possible matches.)? ☐ Yes ☐ No

# MOTO/E-COMMERCE MERCHANT FORM



Describe all velocity controls (i.e., a limitation of the number of times the credit card can be used in a given day/week/month, or a limitation of the amount spent, etc.)? \_\_\_\_\_

Under what conditions are customers/users allowed to exceed the above limits? \_\_\_\_\_

What is the maximum number of times and maximum purchase amount a customer/user can access:

- Daily: Number of times \_\_\_\_\_ Purchase amount \$ \_\_\_\_\_
- Weekly: Number of times \_\_\_\_\_ Purchase amount \$ \_\_\_\_\_
- Monthly: Number of times \_\_\_\_\_ Purchase amount \$ \_\_\_\_\_

Who handles your customer service? \_\_\_\_\_

Describe your refund policy: \_\_\_\_\_

How are chargeback's handled? \_\_\_\_\_

How are retrievals handled? \_\_\_\_\_

Do you use:

Card Verification Codes (CVC)? ☐ Yes ☐ No Address Verification (AVS)? ☐ Yes ☐ No

Verified by Visa? ☐ Yes ☐ No MasterCard SecureCode ☐ Yes ☐ No

Does the company store credit card data? ☐ Yes ☐ No Is it encrypted? ☐ Yes ☐ No

If yes, where is the data stored? \_\_\_\_\_

Please provide:

- Screenshot of your virtual terminal, if applicable
- Copy of contract between your company and the cardholder (i.e., terms and conditions)
- Must submit sample(s) of product brochures, promotional materials, advertisement, product catalog, etc
- Sample of invoice
- Tape Recording/wave file or a script of typical sales conversation

Additional Notes and Comments: \_\_\_\_\_

Signature of Principal of Business

Date