# Application Form

1. **Basic Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Legal Name：** | | **DBA Name:** | |
| **Registered Address：** | | | |
| **Business Address：** | | | |
| **Company EIN(Employer Identification Number) Number only for US merchant：** | | | |
| **License Number (if applicable)：** | | | |
| **Date of Incorporated:** | | **Country of Incorporation:** | |
| **Company's Phone Number:** | | **Company's Email:** | |
| **Business Website：** | | | |
| **List the Number of Related Staff:** | | | |
| **Customer Service:** | | **Finance:** | |
| **Risk Management:** | | **Technology:** | |
| **2.   Major Core Staff** | |  | |
| ***Legal Person/Principal Name:*** | | **Passport Number:** | |
| **Issue Country:** | | **SSN/ITIN only for US merchant:** | |
| **Email：** | | | |
| **Phone Number:** | | **Date of Birth:** | |
| **Percentage of shares** | | **Title in Company:** | |
| **Residential Address:** | | | |
| ***Director Name:*** | | **Passport Number:** | |
| **Issue Country:** | | **SSN/ITIN only for US merchant:** | |
| **Email：** | | | |
| **Phone Number:** | | **Date of Birth:** | |
| **Percentage of shares:** | | **Title in Company:** | |
| **Residential Address:** | | | |
| ***Chief Financial Officer:*** | | **Passport Number:** | |
| **Issue Country:** | | **SSN/ITIN only for US merchant:** | |
| **Email：** | | | |
| **Phone Number:** | | **Date of Birth:** | |
| **Percentage of shares** | | **Title in Company:** | |
| **Residential Address:** | | | |
| ***Chief Risk Officer:*** | | **Passport Number:** | |
| **Issue Country:** | | **SSN/ITIN only for US merchant:** | |
| **Email：** | | | |
| **Phone Number:** | | **Date of Birth:** | |
| **Percentage of shares:** | | **Title in Company:** | |
| **Residential Address:** | | | |
|  | |  | |
| **3. Ultimate Beneficial Owner (List all individuals with 25% or more ownership)：**   |  |  | | --- | --- | | ***\*Owner Name:*** | **Passport Number:** | | **Issue Country:** | **SSN/ITIN only for US merchant:** | | **Email：** | | | **Phone Number:** | **Date of Birth:** | | **Percentage of ownership:** | **Title in Company:** | | **Residential Address:** | | | ***\* Owner Name:*** | **Passport Number:** | | **Issue Country:** | **SSN/ITIN only for US merchant:** | | **Email：** | | | **Phone Number:** | **Date of Birth:** | | **Percentage of ownership:** | **Title in Company:** | | **Residential Address:** | | | ***\* Owner Name:*** | **Passport Number:** | | **Issue Country:** | **SSN/ITIN only for US merchant:** | | **Email：** | | | **Phone Number:** | **Date of Birth:** | | **Percentage of ownership:** | **Title in Company:** | | **Residential Address:** | | | ***\* Owner Name:*** | **Passport Number:** | | **Issue Country:** | **SSN/ITIN only for US merchant:** | | **Email：** | | | **Phone Number:** | **Date of Birth:** | | **Percentage of ownership:** | **Title in Company:** | | **Residential Address:** | | | | | |
| **4.    Business Profile** | | | |
| **Length of Time in Business: Year(s)** | | | |
| **Products/Service Description：** | | | |
| **Estimated Monthly Sales Volume（USD）：** | | | |
| **Main Customer Base：Europe□ United States□ Japan□ Southeast Asia□ Others□** | | | |
| **（Please identify countries when necessary: ）** | | | |
| **Transaction Currency：USD□** | | | |
| **Average Order Size： /( USD )：** | | | |
| **Promotion Channels：** | | | |
| **Handling Days when Order Placed： Days** | | **Delivery Days (Handling+Shipping)： Days** | |
| **Return Time： Days** | | **Exchange Time： Days** | |
| **Logistics Partners：** **Fedex□ UPS□ DHL□ others□** | | | |
| **Customer Service Channels：Email□ Live Chat□ telephone□** | | | |
| **5. Processing History** | | | |
| **Credit Card Processing History (calculate per count)：** | | | | |
| **Timeframe** | | **Chargeback Rate** | | **Refund Rate** |
| **Last 3 Months** | |  | |  |
| **Last 6 Months** | |  | |  |
| **Last 12 Months** | |  | |  |
| **6. Settlement Info** | | | |
| **Bank Account Holder:** | | **Bank Account Number：** | |
| **Bank Name:** | | **Routing Number:** | |
| **Bank Address:** | | | |

***※The applicant should be fully aware that the next stage of the audit will be terminated immediately if any concealment be verified according to the information provided above.***

*I, \_\_\_\_\_\_\_\_\_\_\_\_\_ (name of person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.*

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_