

International Merchant Application Form

COMPANY DETAILS

Company Name:	
DBA (If Applicable):	
Registration Number :	
Country of Registration:	
VAT/ Tax ID / File Number:	
Street Address :	
City / Town :	
State / Province :	
Zip / Post Code :	
Country :	
Postal Address <small>If different from above</small>	
Address :	
Town / City :	
State / Province :	
Zip / Post Code :	
Country :	

COMPANY OWNERSHIP INFORMATION	<small>If more than one Principal, please attach additional page(s)</small>
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Principal's Name:		
Title and Ownership %:		% of Ownership:
Home Street Address:		
City/Town:		
State/Province-Zip/Post Code:		
Country:		
Telephone Number:		
Passport Number:		Issued In:

COMPANY CONTACT INFORMATION

Administrative Contact :	
Telephone Number :	
Email Address :	
Fax Number:	
Technical Contact :	
Telephone Number :	
Email Address :	
Fax Number:	

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REFERENCES

Provide the Company Name, Contact, Address, and Phone No. of **two (2)** Business Credit References.

Reference 1 Company Name

Contact Name / Phone Number

Address

Reference 2 Company Name

Contact Name / Phone Number

Address

ACCOUNT PROFILE

Is your Company involved in any of the following?

(Check as appropriate)

Internet Gaming (including Lotteries, Raffles, etc)	Yes	No
Adult Entertainment & Products	Yes	No
Nutraceutical/Health Products	Yes	No
Travel Services	Yes	No
Software Download Services	Yes	No
Online Registrations or Memberships	Yes	No
E-Books or Online Report Products	Yes	No
Pharmaceutical Products	Yes	No
E-Wallets	Yes	No
Mail Order Services	Yes	No
Telemarketing Services	Yes	No
Consulting	Yes	No
Other Non-Tangible Products or Services Specify:	Yes	No
Tangible Products. Name:	Yes	No

CURRENT PROCESSING

(Check one in each column)

Are you processing now or have you ever processed credit card transactions before?	Yes	No
Will your existing Merchant Account(s) remain open?	Yes	No
Have you ever had a Processing relationship terminated? (If Yes, please explain in detail on a separate attachment.)	Yes	No
How long have you been in business?	Start Up	yrs
Current Total Annual Volume: \$	# of Employees	
	Office Space	m ²

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Name of Current Processor(s):		
Reason for applying for this Merchant Account:		
Monthly Chargeback History By Volume: By Count: %:	VISA	MC
Refund History By Volume: By Count: %:	VISA	MC

PROCESSING AMOUNT REQUESTED

Projected Monthly processing Volume: \$	VISA	%	MC	%
Projected number of transactions per Month :	Average Ticket:		\$	

CURRENCY OPTIONS

Please check the currency or currencies in which your products and/or services are sold:

Euro	USD	British Pound	Swiss Franc	Other:
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GLOBAL DISTRIBUTION OF CUSTOMERS

(Enter % for all that apply)

Asia Pacific	%	VISA EU	%
Caribbean & Latin America	%	VISA Canada	%
Central & Eastern Europe, Middle East & Africa	%	Visa USA	%

MERCHANT MARKETING AND SALES METHOD

(Enter % for all that apply)

How do you offer your Products/Services?	How do you receive your Customer's Orders?
Internet	Internet/SSL
%	%
Direct Mail/ Telemarketing	Mail Order / Telephone Order
%	%

CREDIT CARDS TO BE ACCEPTED

Please check the type(s) of credit cards which you request to be validated.

VISA	MasterCard	*Diners	*Amex	*JCB	Other
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* **Note:** The validation of these cards may not be available with all Acquiring Banks. It is the Merchant's responsibility to obtain their own account from the Issuers of these cards.

PRODUCTS, SERVICES AND WEB SITE INFORMATION

Please provide a **detailed description** of the goods and/or services you offer. Specifically, what is the cardholder paying for and what do they receive?

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Is this Product/Service fulfilled at the time of the sale?	Yes	No
If No, please state turnaround time from Order to Dispatch		
Does your company fulfill the orders directly?	Yes	No
If No, provide fulfillment company information details below:		
Company Name:		
Address:		
Contact Name:	Phone:	

PLEASE DESCRIBE ALL FRAUD PREVENTION MEASURES THAT YOU UTILIZE:

CUSTOMER INFORMATION SECURITY STANDARDS: (Check one in each column)

1. Does your company store Credit Card data?	Yes	No
2. Is your company AIS, (Account Information Security) or CISP (Cardholder Information Security Program) or PCI DSS and SDP (Site Data Protection) program compliant?	Yes	No

URL REQUIREMENTS (Check one in each column)

1. The Company's name is clearly identifiable to the Customer	Yes	No
2. The address of the Company is present on the web site(s)	Yes	No
3. You ask for the Cardholder's address and phone number	Yes	No
4. CVV2 Required	Yes	No
5. All products comply with the same MCC Code	Yes	No
6. The transaction currency and price of all products is clearly displayed	Yes	No
7. Shipping and Handling Charges are clearly displayed	Yes	No
8. A statement of estimated fulfillment time of contract is displayed	Yes	No
9. A statement regarding the security of the transaction is displayed	Yes	No
10. A procedure regarding the return of goods is displayed	Yes	No
11. Your Confidentiality and/or Privacy Policy is displayed	Yes	No
12. Information regarding the law in each jurisdiction is provided for Customer	Yes	No
13. A statement regarding your Company's shipping policy is displayed	Yes	No
14. Your web site(s) display the VISA and MasterCard logos	Yes	No
15. The Descriptor (as it will appear on the Customer's statement) is displayed	Yes	No
16. Company contact details for Customer Support are clearly displayed	Yes	No

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MEMBERSHIP OR SUBSCRIPTION BASED WEB SITES/ PRODUCTS	
NON-RECURRING FEES FOR SUBSCRIPTIONS/SERVICES/MEMBERSHIPS/PRODUCTS	
One (1) month :	\$
Two (2) months :	\$
Three (3) months :	\$
Other :	\$

RECURRING FEES FOR SUBSCRIPTIONS/SERVICES/MEMBERSHIPS/PRODUCTS	
Introductory trial for _____ days :	\$
Recurring every _____ days :	\$
Recurring (Quarterly, Annually, etc.) _____ :	\$

WEBSITE CONTENT	(Check as appropriate)	
Content on web site is provided by :		
Does the web site carry a warning for minors?	Yes	No
Does the web site have pop-ups? Cross promotions?	Yes	No

PLEASE LIST ALL URL'S:	(If necessary, attach a separate page)

LOGIN - You MUST provide a non-expiring "User ID" and "Password" for your web site(s)	
User ID:	
Password:	

DESCRIPTOR REQUESTED:	
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DEPOSITORY BANK INFORMATION	(Settlements will be made to this account.)
Bank Name	
BIC (Bank Identifier Code)	
Bank Sort Code / Swift / IBAN	
Account Holder	
Account Number	
Bank Contact & Phone Number	

International Merchant Application Form**CURRENCY PREFERENCE FOR SETTLEMENTS**

Please check the currency in which you would like to receive your settlements:

Euro	USD	British Pound	Swiss Franc	Other:
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Please fax the following documents with this application form:

- * Certificate of Incorporation/Commercial Register Excerpt
- * Legible Color Copy of Principal's Passport/Identity Card
- * Proof of Principal's Residence (utility bill or council rates)
- * General Terms and Conditions
- * Refund and Cancellation Policy
- * Voided check from Depository Account OR Letter of Good Standing on Bank's Letterhead
- * Min 3 Months most recent processing statements

Name: _____ Title: _____

Signature: _____ Date: _____

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Specific Representations and Warranties

You represent and warrant at the time of this document and during the Term of this Agreement the following:

- You are not engaged in or affiliated with any businesses, products, or methods of selling other than those listed in this Application.
- No owner with voting control of the company, or with more than 5% of the shares, nor any signer of this agreement or senior officer of your organization, has been charged, arrested, or convicted within the last five years of any criminal activity.
- This Agreement violates no law, nor is it in conflict with any other agreement to which you are subject.
- The products or services you will sell and submit for processing under this Agreement are not illegal services within your jurisdiction.
- There is no action, litigation, or proceeding pending, or to your knowledge threatened which, if decided adversely would impair your ability to carry on your business substantially as now conducted or which would adversely affect your financial condition or operations.
- You have never entered into an agreement with a third party to perform credit or debit card processing services, which has been terminated by that third party, other than as identified in the Application.
- You have never entered into an agreement with a processor, bank or gateway to perform credit or debit card processing services, which has been terminated by that processor, bank or gateway, other than as identified in the Application.
- All intended transactions are bona fide. No transaction involves the use of a card for any purpose other than the purchase of goods or services from you.
- You have provided all information accurately and without omissions or misleading statements and you have not withheld any information that, if known to recipient, would influence recipient's decision to enter into this Agreement.

Important Notice before Signing This Application

The signer hereby authorizes the recipient to verify any information provided herein by the Applicant in response to the questions contained in this document and all exhibits and supporting documents provided. Recipient is authorized to use personal information provided to obtain credit reports from authorized credit reporting agencies. Investigations, consumer credit reports, and reference checking, or other reasonable and legal means of investigation, may require verification by third parties to confirm information provided by Applicant and Applicant hereby authorizes the recipient to undertake such verifications without further notice to the Applicant. The results of such investigation remain the sole property of the recipient.

Warranties of Signing Party The signing party below warrants that each of the principal owners, who collectively have majority voting control of shareholdings of the merchant company, and the Chief Executive Officer or Managing Director of the merchant company have reviewed the responses in this Application and its exhibits and supporting documents and have found no erroneous or misleading information. The signing party hereby makes the above warranties on all pages and documents submitted and in all oral statements and attests the information provided in and submitted with this application is accurate to the best of his or her knowledge as of the date of signature.

Application attested by (Authorized Signer) **X** _____

Applicant's Printed Name _____

Authorized Signer's Title _____ Date _____