

**MERCHANT APPLICATION AND AGREEMENT**

Agent ID	Sales Rep Name		Agent Telephone		
<b>Merchant Information</b>					
<b>Legal Name of Business</b>			<b>DBA (Doing Business As)</b>		
Street Address (Physical Address -- No P.O. Boxes)		City	State	Zip	Country
Mailing Address (If different from Street Address)		City	State	Zip	Country
Business Telephone	Business Fax	Customer Service Telephone		<b>Start Date of Business?</b>	
Merchant E-Mail	Merchant URL (Website)		For Sites w/ Members Username: Password:		
Customer Support E-mail		<b>Authorized Business Rep</b>			
<b>List Type of Business/Products/Services Sold:</b>					
Tax Filing Name:		Credit Card Discounts Fees:		Transaction Fees & Monthly Fees	
Federal Tax ID #		Qualified Fee: _____		Transaction Fees: _____	
		Mid-Qualified Fee: _____		Statement Fee: _____	
		Non-Qualified Fee: _____		Gateway Fee: _____	
				Gateway Trans Fee: _____	
<b>Ownership</b>					
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Private Corp. <input type="checkbox"/> Public Corp. <input type="checkbox"/> Intl. Org <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Tax Exempt Org. (501C)					
<b>Principal's Name</b>		Ownership %	Title	<b>Home Telephone</b>	
<b>Date of Birth (mm/dd/yyyy)</b> (Required)	<b>Social Security #</b> (Required)	<b>Driver's License No. and State Issued</b> (if no DL, Passport #)(Required)			<b>Expiration Date</b> (Required)
Street Address (Physical address – No P.O. Boxes)		City	State	Zip	Country Code (Required)
<b>Second Principal's Name</b>		Ownership%	Title	<b>Home Telephone</b>	
Date of Birth	Social Security No.	<b>Driver's License No. and State/State Issued</b>			Expiration Date
Street Address (physical address – No P.O. Boxes)		City	State	Zip	Country Code
<b>Settlement Account (you Must attach a voided check)</b>					
We will automatically debit your Settlement Account for any amounts owed to us under the MPA. The Transit Routing Number and Account Number must match the information listed on the voided check.					
Bank Name	Routing Number	Account Number		Telephone	
<b>Estimated Monthly Volume &amp; AVT</b>			<b>Account Type</b>		
Combined Estimated Monthly Volume \$ _____			Face-to-Face _____ %	Swiped _____ %	
Est. Monthly Volume (Amex) \$ _____			Telephone Order _____ %	Keyed w/ Imprint _____ %	
Typical Ticket/ Sales Amount \$ _____			Internet _____ %	Keyed No Imprint _____ %	
Estimated Highest Ticket/Sales Amount \$ _____			Total _____ %	Total _____ %	
<b>Equipment Section</b>					
<input type="checkbox"/> New Equipment <input type="checkbox"/> Reprogram		Tip: <input type="checkbox"/> YES <input type="checkbox"/> NO		AVS: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Terminal:		No. Units	Auto Close: <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>Time:</b>
<input type="checkbox"/> Software Product:		No. Units	Invoice Number: <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>CVV2 Prompt :</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> PIN Pad:		No. Units			

Entitlements	
Would you like to Accept AMEX? : <input type="checkbox"/> YES <input type="checkbox"/> NO	IF, existing AMEX, account number:

Business Description
Provide a detailed description of your business:

Termination	
In this section below list the processors that you have worked with in the last 5 years.	
Processor Name:	Active Processing Dates:
Processor Name:	Active Processing Dates:
Processor Name:	Active Processing Dates:

**IMPORTANT: If you have ever had a merchant account terminated, please include a letter that explains the circumstances behind termination. Please notify us if you are on the Terminated Merchant List (TMF List) -- Termination will not disqualify you from getting approved.**

Trade References		
Please list vendors that you work with that can act as a reference of your good standing. (ex. suppliers, hosting company, bank reference)		
Business Name:	Contact:	Phone:
Business Name:	Contact:	Phone:

Gateway Info	
Do you have an existing gateway? : <input type="checkbox"/> YES <input type="checkbox"/> NO	IF yes Gateway name:
Do you have any gateway preference that is specific to your shopping cart?	
Do you want to take recurring payments? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do want to use a shopping cart to process transactions? <input type="checkbox"/> YES <input type="checkbox"/> NO

Agreement	
An Investigation Report, Background Investigation, and/or Consumer Credit Report may be made in connection with the application. With this form the applicant authorizes eMerchantBroker, LLC (EMB), or any credit bureau or credit reporting agency contracted by EMB or any agents of EMB, to investigate the references given to EMB by applicant and to access the file of any credit-reporting agency.	
Signature:	Partner Signature:
Print Name:	Print Name:
Date:	Date: