

Submitting Reseller:	Submitting date:
Received on:	Received by:

MERCHANT INFORMATION

Merchant Name:		
Merchant URL: *		
Country:		
Agreed for Incorporation if Required:	Yes:	No:
Brief Business Model Description:		
Currency/Currencies to Process in:		

*Please include User name and password

PROCESSING INFORMATION

Estimated Monthly Volume :		
Expected # of transactions monthly:		
Present Chargeback Ratio:		
Min. 6 months processing attached?	Yes:	No:
Reason leaving current bank:		
Descriptor Presently Used:		
MCC code Currently Used:		

OTHER PERTINENT INFORMATION

Owners Name:
Owners Street:
City and State:
Country:
Owners Telephone:
Owners Email Address:
Owners SS#: