

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:**

In connection with opening an account, we will ask for and retain your name, address, date of birth, and other information that will allow us to identify and verify you. We also may ask to see your driver's license or other identifying documents. If required by Federal law, we may report this information to government agencies to help fight the funding of terrorism and money laundering activities.

**A. Business Information**

Legal/corporate name:		DBA:	
Physical address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Federal tax ID:	Business phone:	Fax:	
Contact:	Email:	Website:	
Date business started:	Length of ownership:	Years at location:	# of locations:

**B. Ownership**

Owner name:		Home phone:	Cell phone:
Home address:		City:	State: Zip:
Driver's license #:	SSN:	Date of birth:	% ownership of company:
Co-owner name:		Home phone:	Cell phone:
Home address:		City:	State: Zip:
Driver's license #:	SSN:	Date of birth:	% ownership of company:

**C. Lease**

Landlord name/contact:	Work phone:	Cell phone:	Monthly rent:
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**D. Business Profile**

<b>Ownership:</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC	<b>Merchant type:</b> <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Wholesale <input type="checkbox"/> Lodging <input type="checkbox"/> Service <input type="checkbox"/> SIC code _____ <input type="checkbox"/> Internet <input type="checkbox"/> Home-based <input type="checkbox"/> Other _____ <input type="checkbox"/> Automotive	<b>Cards accepted:</b> <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> PIN-based debit <input type="checkbox"/> American Express
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**E. Existing Business Financing**

Do you have existing business financing?	If so, company:
Original balance:	Current balance:

**F. Business Revenue**

Current processing company:	# of terminals:
Highest volume months: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec	
Average gross monthly sales:	Average ticket size:
Average Visa/MasterCard monthly sales:	

**G. Other Information**

Is business seasonal or closed during part of the year?	If so, details:
Is business for sale?	If so, details:
Any open state/federal tax liens against business or owner?	If so, details:
Any lawsuits or judgments pending against business or owner?	If so, details:

Authorization to Contact You By Phone: You authorize us, and our affiliates, agents, and independent contractors, to contact you at any telephone number you provide to us or from which you place a call to us, or any telephone number where we believe we may reach you, using any means of communication, including, but not limited to, calls or text messages to mobile, cellular, wireless or similar devices and calls or text messages using an automated telephone dialing system and/or artificial voices or prerecorded messages, even if you incur charges for receiving such communications. Authorization to Contact You By Other Means: You also agree that we and our affiliates, agents and independent contractors may use any other medium, as permitted by law and including, but not limited to, mail, e-mail and facsimile, to contact you.

**H. Signature and Authorization to Obtain Information**

By signing below, the Merchant and its owners/principals each: (1) certify that all information on and documents submitted in connection with this Prequalification Request are true, correct, and complete; and (2) acknowledge that the owners/principals are personally liable for Merchant; and (3) provide authorization and 'written instruction' to Credibly under the Fair Credit Reporting Act to obtain information from your personal and/or business credit profile as well as additional information from credit bureaus and other sources. This authorization and written instruction is to obtain information solely to conduct a prequalification for business funding, verify provided information and report fraudulent transactions. If you are requesting prequalification on-line, clicking "I AGREE" shall be written instructions with the same effect as your signature.

Owner signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Co-owner signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please call us if you have any questions. Some products or services are not available in all states or jurisdictions.