

**CANNABIS PRE-APPLICATION FOR PIN-DEBIT CARD PROCESSING**

ISO/Sales Agent : \_\_\_\_\_

Sales Rep Name: \_\_\_\_\_

COMPANY PROFILE				
Legal Name of Business (25 characters max)		DBA Name (25 characters max)		
Legal Address Suite		DBA Address (if different than Legal ) *Physical location, NO PO Boxes* Suite		
City State ZIP		City State ZIP		
Legal Phone Number Legal Fax Number ( ) - ( ) -		DBA/ Customer Service Phone Number DBA Fax Number ( ) - ( ) -		
Taxpayer Identification Number: (SSN/ITIN for Sole Proprietor; EIN for others): (Must be 9 digits) <input type="radio"/> EIN <input type="radio"/> SSN <input type="radio"/> ITIN _____		State of Incorporation/ Formation Length Owned Years Months		
Website Address		Trade Reference Phone Number Account Number		
Contact Name (Primary) Title		Contact Phone Email Address ( ) -		
Contact Name (Secondary) Title		Contact Phone Email Address ( ) -		
Any prior bankruptcies? Business: <input type="radio"/> Yes <input type="radio"/> No If Yes, Filing Date? _____ Personal: <input type="radio"/> Yes <input type="radio"/> No If Yes, Filing Date? _____				
Detailed business description (including description of Products or Services sold). Provide separate pages if needed:				
Type of Ownership: <input type="radio"/> Sole Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Ltd Liability Partnership <input type="radio"/> Government Entity <input type="radio"/> Professional Association Political Organization <input type="radio"/> Public Corporation <input type="radio"/> Private Corporation <input type="radio"/> Non Profit Corporation <input type="radio"/> Trust				
OWNERSHIP PROFILE (15% or more Ownership) or more				
Name - Principal #1		Title	% Owned	Telephone Number ( ) -
Date of Birth		Social Security #		Identification Type
Address		City, State		Zip/ Postal Code
Country				
Name - Principal #2		Title	% Owned	Telephone Number ( ) -
Date of Birth		Social Security #		Identification Type
Address		City, State		Zip/ Postal Code
Country				
CARD PROCESSING INFORMATION				
Have you ever accepted credit cards before? <input type="radio"/> Yes <input type="radio"/> No If yes*, what is the processor's name? _____				
Have you ever been terminated by a credit card processor? <input type="radio"/> Yes <input type="radio"/> No *Please provide the most recent 3 months of credit card processing statements.				
Do you bill your customers prior to goods being shipped? <input type="radio"/> Yes <input type="radio"/> No				
If Yes, how many days? <input type="radio"/> 0-2 days <input type="radio"/> 3-30 days <input type="radio"/> 31-60 days <input type="radio"/> 61-90 days <input type="radio"/> Over 90 days				
What is your Return and Refund Policy? (Please be specific)				
How do you advertise? (check all that apply) <input type="radio"/> Yellow pages <input type="radio"/> Telemarketing <input type="radio"/> Catalog <input type="radio"/> Word of mouth <input type="radio"/> Publications <input type="radio"/> Mass/Direct mail <input type="radio"/> Internet Other, please explain: Please supply copies of advertising, including catalogs and brochures. Where applicable, provide video (TV), audio tape (Radio or IVR), and Web-page screen prints. List the URL (www. X .com, .net, .org, etc.) on each page.				
Card Types Requested? <input type="radio"/> Pin Debit Processing				
Credit Card Processing Methods		Do you use a third party fulfillment house? <input type="radio"/> Yes <input type="radio"/> No If yes, provide name and address.		Average Ticket Amount
Card Swiped Transactions	N/A %			\$ _____
Manually Keyed (Card Present with Im-prints)	N/A %			High Ticket Amount
Manually Keyed (Mail Order/Telephone Order)	N/A %			\$ _____
eCommerce (Card Not Present)	N/A %			Total Credit/Debit Monthly Sales
Total (must equal 100%)	N/A %			\$ _____
Business to Business (must be 0 - 100%)	N/A %			

**BANKING INFORMATION**

Legal Business Name	Bank Name	Bank Address	Bank Phone Number
ABA Routing Code (US)	Account Number	Account Holder	Account Holder

\*If nothing indicated, Financial Institution #1 will be used for all ACH activity. \*\*AUTHORIZATION FOR AUTOMATIC FUNDS TRANSFER (ACH): The Merchant Bank (defined on page 1) is authorized to initiate or transmit automatic debit and/or credit entries and/or check entries to the account identified above and in the provided voided check (if applicable) relating to the above account (\*\*) for all services contemplated under this Agreement. Said authority is granted to Merchant Bank's Processor and their agents.

Site Survey:  On Site Visit Done by Sales Representative  Sales Partner Validated  No Site Performed

Merchant's physical inventory consistent with the business signage:  Yes  No Site Consistent with application:  Yes  No

**FEE SCHEDULE**

Discount Rate + IC %	Authorization Fee \$	Chargeback Fee \$20.00	Retrieval Fee \$20.00
Monthly Minimum Fee \$50.00	Monthly Statement Fee \$ 10.00	Monthly Online Portal Fee \$10.00	Monthly PCI Fee \$10.00
ACH Reject Fee \$20.00	Return Fee \$20.00	Key/Terminal Injection (Per Terminal) \$50.00	Monthly Non-PCI Fee \$20.00
Application Fee \$FREE	Annual Fee \$FREE	Early Termination Fee (Month to Month) \$FREE	Next Day Funding (Must Batch by 5:55 PST)

**NOTES:**

\_\_\_\_\_  
X 1) Principal/Owner for Merchant      Date

\_\_\_\_\_  
Print Name      Title

\_\_\_\_\_  
X 2) Principal/Owner for Merchant      Date

\_\_\_\_\_  
Print Name      Title

\_\_\_\_\_  
X 1) Guarantor Signature      Date

\_\_\_\_\_  
Print Name      Title

\_\_\_\_\_  
X 2) Guarantor Signature      Date

\_\_\_\_\_  
Print Name      Title