



3 Minute Pre-Qualification Form

BUSINESS INFORMATION

| | | | | | |
|--|---------|------------|-------------|-------|-----|
| Merchant Type: <input type="checkbox"/> Retail <input type="checkbox"/> Retail w/Tip <input type="checkbox"/> Restaurant <input type="checkbox"/> QSR <input type="checkbox"/> Supermarket <input type="checkbox"/> MO/TO <input type="checkbox"/> E-Commerce <input type="checkbox"/> Petroleum <input type="checkbox"/> Other | | | | | |
| Name of Business: | | | | | |
| Address | | City | | State | Zip |
| Phone Number | Contact | Fax Number | Website URL | | |
| What is the Product or Service you are selling? | | | | | |

PAYMENT CARD INFORMATION

| | | | | |
|--|-----------------|----------------------|--|--------------------|
| Average Sale \$ | Highest Sale \$ | Average Monthly Sale | Card Present % | Card Not Present % |
| \$ | \$ | \$ | % | % |
| Has owners or business ever filed for Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No Has this bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Has principals and / or business been placed on terminated merchant file (TMF)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom and date | | | | |
| Does business currently accept Credit Cards? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach current Processing Statement(s) (3 most current months) | | | | |
| Is the Business Seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check the high volume months: J F M A M J J A S O N D | | | | |
| How many chargebacks did you have for the previous year? | | | What was the total dollar amount for those chargebacks? \$ | |

PRINCIPAL INFORMATION

| | | | | | |
|----------------------------|-------------------|---------------|---------------|-------------------|-----|
| Owner 1 | | | | | |
| Name (Last, First, Middle) | | | | | |
| Title | Social Security # | Date of Birth | Ownership % | Drivers License # | St. |
| Home address | | | City | State | Zip |
| Home Phone | Business Phone | | Email Address | | |
| Owner 2 | | | | | |
| Name (Last, First, Middle) | | | | | |
| Title | Social Security # | Date of Birth | Ownership % | Drivers License # | St. |
| Home address | | | City | State | Zip |
| Home Phone | Business Phone | | Email Address | | |