## **MERCHANT APPLICATION**

GENERAL COMPANY INFORMATION					
Full Company Legal Name			Business Entity		
Business Name (DBA)					
Commercial Register Number Tax Registration Number				Date of Incorporation	
Name(s) of Director(s)					
Name(s) of Shareholders					
Company Registered Address					
Street				No.	
РОВ	ZIP Code			City/Town	
Country					
If the physical location is different to	registered addre	ess			
Full Company Name			Legal Form		
Street			No.		
РОВ	ZIP Code			City/Town	
Country	Country				
		CONTACT IN	IFORMATION		
Full Name				Title/Position	
Street and No.				Authorized Signatory Yes/No	
ZIP Code	code City/Town		Country		
Phone E-mail					
	-	TECHNICAL SUPPO	ORT INFORMAT	ION	
Full Name				Title/Position	
Street and No.				Authorized Signatory Yes/No	
ZIP Code City/Town				Country	
Phone E-mail					

	DISPUTE SI	UPPORT	Γ INFORMATIO	N	
Full Name				Title/Position	
Street and No.			Authorized Signatory Yes/No		
ZIP Code	City/Town			Country	
Phone			E-mail		
BANK ACCOUNT DETAILS					
Beneficiary Name	Bank Name			Bank Country	
Bank Address					
ZIP Code	City/Town			Country	
Bank Account IBAN (USD)	Bank Account IBA	N (EUR)		SWIFT	
	RE	FERAL S	SOURCE		
Company Name					
Printer Name Sales Referal					
Beneficiary Name					
	ME	RCHAN	T PROFILE		
Industry					
Description of Products and Service:					
e-commerce / Online Shop					
Merchant URL(s):		Descriptor:			Customer Service Phone N.:
Does your company own all domains? Yes No					
Details (if applicable, login details should apply for all web					
User Name Password					
Are there any specific countries, which are blocked?	f yes, why?				
History					
How many years have you been in this business?					
In which regions/markets are you active?					
Requested SIC/MCC					

BENEFICIAL OWNER OF THE COMPANY (Shareholder ≥ 10%)			
Please note: The beneficial owner is an individual who ultimately owns or controls the legal entity			
No. Of Beneficial Owner(s) > 10%:			
Beneficial Owner 1 > 10%			
Share in %	Full Name	Date of Birth	
Nationality	Profession	Street / No.	
ZIP Code	City/Town	country	
Pas <b>s</b> port / ID Number	email	Phone #	
Skype			
Beneficial Owner 2 > 10%			
Share in %	Full Name	Date of Birth	
Nationality	Profession	Street / No.	
ZIP Code	City/Town	Country	
Pas <b>s</b> port / ID Number	email	Phone #	
Skype			
Beneficial Owner 3 > 10%			
Share in %	Full Name	Date of Birth	
Nationality	Profession	Street / No.	
ZIP Code	City/Town	Country	
Pas <b>s</b> port / ID Number	email	Phone #	
Skype			
Management/ Principals and Authorized Signatories			
Percentage of time spent on the business	Full Name	Date of Birth	
Nationality	Profession	Street / No.	
ZIP Code	City/Town	Country	
Passport / ID Number	email	Phone #	
Skype			
What % of total sales are comprised Business to Business Business to Consumer			
Percentage of time spent on the business	Full Name	Date of Birth	
Nationality	Profession	Street / No.	
ZIP Code	City/Town	Country	
Passport / ID Number	email	Phone #	
Skype			

PROCESSING INFORMATION				
Wolume split by origin of cardholders% Domestic % E	europe % American % Other			
Volume split by card brands % VISA % Master % CUP	Volume split by card types % Consumer Cards % Commercial			
Terminal types / channels merchant is applying for?	Volume split by terminal types / channels?			
e- Commerce MOTO Recurring	% e-Commerce % MOTO % Recurring			
If e-Commerce?  3D Secure CVV2/CVC2	Seasonal changes (Allocate annual sales percentage for following periods)  % Spring % Summer % Autumn % Winte			
Estimated monthly card volume	Estimated monthly Number of transactions			
Min. transaction value	Max. transaction value			
Sales – total volume (last 6 months)	Sales – total number of transactions (last 6 months)			
Refund – total volume (last 6 months)	Refund – total number of transactions (last 6 months)			
Chargeback – total volume (last 6 months)	Chargeback – total number of transactions (last 6 months)			
What % of total sales represent business to business / business to consumer				
What is the time frame from transaction to delivery? 0 - 7 days %	8 - 14 days % 15 -30 days % Over 30 days %			
Sales are deposited Date of order	Date of delivery Other (specify)			
Does any of your cardholder billing involve automatic renewals or recurring t	ransactions?			
Who performs product / service fulfillment? Direct If Vendor, please list Name, Address, Phone, Website Please describe how the transaction words, from order taking to merchan	Vendor Other nt fulfillment			

PROCESSING HISTORY				
Accepted cards in the past? None (new to cards)	VISA	MasterCard	UPI	
List of all current acquirers:				
Reason for leaving current acquirer	:			
CHARGEBACK INFORMATION				
How will you prevent or manage ch	argebacks?			
Which PCI-DSS certified processor do you use? / Do you store, process, or transmit card numbers (PANs) on own systems?				

Date and	location	Signature

## **REQUIREMENTS AND CHECKLIST**

This form must be completed, signed and dated
Registration Certificate of Good Standing (required annually) or Certificate of Ongoing Business (less than 3 months) Articles of Incorporation
Shareholders' Certificate
Copies of all principal's passports
Copies of authorized person's passports
Current Business Financial   Financial Statements, or Bank Statements (last 3 month)   Merchant Processing Statements (6 months)
<ul> <li>a. What products and services does your company provide?</li> <li>b. How does your business acquire new customers? Please provide details about any marketing materials, website(s), call centers, fulfillment centers or third parties that are used in new customer acquisition.</li> <li>c. For new companies: provide (1) a detailed business plan complete with 2-year financial projections, (2) an initial balance sheet, (3) a copy of the company's most recent business checking account (DDA) statement and (4) a banking relationship letter signed by an officer of the bank. The letter must include a description of the relationship, company and account signatory details, account opening date, current balance, average balance, insufficient funds and overdraft activity, lending details and a contact number at the bank.</li> </ul>
Copy of company's current utility bill for verification of physical address
Copy of all principal's current utility bill for verification of physical address
Copy of business license
Copy of Employer Identification Number (EIN); Tax Identification Number (TIN), Doing Business As (DBA) if applicable
Copy of AML Policy (if applicable)
Program concept document
W9 Form (if applicable)
Wiring instructions   Bank Letter
If affiliated marketing: Affiliated Agreement and list of all URL
If the nature of the business requires a license, please provide all required licenses in each country of operations.
Additional information may be required