

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.
POB	ZIP Code	City/Town
Country		
If the physical location is different to registered address		
Full Company Name		Legal Form
Street		No.
POB	ZIP Code	City/Town
Country		

CONTACT INFORMATION		
Full Name		Title/Position
Street and No.		Authorized Signatory Yes/No
ZIP Code	City/Town	Country
Phone	E-mail	

TECHNICAL SUPPORT INFORMATION		
Full Name		Title/Position
Street and No.		Authorized Signatory Yes/No
ZIP Code	City/Town	Country
Phone	E-mail	

DISPUTE SUPPORT INFORMATION		
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 IBAN (EUR)	SWIFT
REFERAL SOURCE		
Company Name		
Printer Name Sales Referal		
Beneficiary Name		

MERCHANT 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? If 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
Passport / 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
Passport / 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
Passport / 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

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)

- a.** What products and services does your company provide?
- 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.
- 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. This 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.

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