



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
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		