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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COMPANY PROFILE** | | | | | | | | | | | | | | | | | | | | |
| **Merchant Name (DBA or Trade Name)** | | | | | | | | | | | **Corporate/ Legal Name** | | | | | | | | | |
| **Location Address** | | | | | | | | | | | **Corporate/ Billing Address** | | | | | | | | | |
| **City, State** | | | **Zip/Postal Code** | | | | | **Country** | | | **City, State** | | | **Zip/Postal Code** | | | | | **Country** | |
| **Contact Name / Relationship** | | | **Email Address** | | | | | | | | **Technical Contact Name** | | | | | **Email Address** | | | | |
| **Telephone Number** | | | **Fax Number** | | | | | | | | **Billing Contact Name** | | | | | **Email Address** | | | | |
| **Country of Registration (incorporation)** | | | | | | **Company Registration Number / Federal Tax ID** | | | | | | | | | **VAT Identification #** | | | | | |
| **Is your company registered in EU? YES NO**  **Have you ever filed for Bankruptcy? YES NO If yes when** | | | | | | | | | | | **Type of Business: Corporation Limited Liability Company**  **Sole Proprietor Partnership Not for Profit** | | | | | | | | | |
| **Registered Corporate Name (EU)** | | | | | | | | | | | **Registered Directors (EU)** | | | | | | | | | |
| **Registered Office Address (EU)** | | | | | | | | | | | **City, Province** | | | **Postal Code** | | | | **Country** | | |
| **Length of Time in Business:** | | | | **Capital Resources (assets):** | | | | | | | **Turnover Last Year (income):** | | | | | **Number of Employees** | | | | |
| **OWNERSHIP PROFILE (ownership must equal 50% or more)** | | | | | | | | | | | | | | | | | | | | |
| **Name - Principal #1** | | | | | | **Title** | | | **% Owned** | | **Telephone Number** | | | | | **Email Address** | | | | |
| **Date of Birth** | | | | | | **Social Security #** | | | | | **Identification Type** | | | | | **State/County of ID** | | | | |
| **Address** | | | | | | **City, State** | | | | | **Zip/Postal Code** | | | | | **Country** | | | | |
| **Name - Principal #2** | | | | | | **Title** | | | **% Owned** | | **Telephone Number** | | | | | **Email Address** | | | | |
| **Date of Birth** | | | | | | **Social Security #** | | | | | **Identification Type** | | | | | **State/County of ID** | | | | |
| **Address** | | | | | | **City, State** | | | | | **Zip/Postal Code** | | | | | **Country** | | | | |
| **BUSINESS PROFILE** | | | | | | | | | | | | | | | | | | | | |
| **Please provide a profile of the company** | | | | | | | | | | | | | | | | | | | | |
| **Current Acquirer:** | | | | | **Current Gateway :** | | | | | | **Reason for leaving current acquirer:** | | | | | | | | | |
| **Length of time accepting credit cards:** | | | | | | | | | | | **Percentage of foreign transactions:**  % U.S. % Europe % Asia % Rest of the World | | | | | | | | | |
| **Method of Acceptance (must equal 100%):**  **MOTO: % Internet: % Swipe: %** | | | | | | | | | | | **Estimated Monthly Volume** | | | | | **Average Ticket** | | | | **Highest Ticket** |
| **URL(s)** | | | | | | | | | | | | | | | | | | | | |
| **Descriptor (max 25 characters: For example - company name, phone #, URL) will be shown on Credit Card statement** | | | | | | | | | | | | | | | | | | | | |
| **Description of products/ services sold (include length of service and pricing)** | | | | | | | | | | **Recurring Services? YES NO If yes describe** | | | | | | | | | | |
| **Is a Call Center used? YES NO If yes describe** | | | | | | | | | | **Is a Fulfillment House used? YES NO If yes describe** | | | | | | | | | | |
| **Card Types**  **Accepted:** | **Visa** | **MasterCard** | | | | | **American Express** | | | **Discover** | | **Diners** | **JCB** | | | | **Other** | | | |

INITIALS \_\_\_\_\_\_\_\_ INITIALS \_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CURRENCY REQUESTED** | | | | | | | | | |
| **In which currency are your products sold?** | | | | | | | | | |
| **In which currency would you like payment to be transferred to your bank account?** | | | | | | | | | |
| **BANK INFORMATION** | | | | | | | | | |
| **SWIFT/BIC (Bank Identifier Code)** | | **Bank Name** | | | **Bank Address** | | | **Bank Phone Number** | |
| **Account Number:** | | **ABA routing code (US):** | | | **Account Holder:** | | | **IBAN Number (EU):** | |
| **PROCESSING HISTORY** | **LAST MONTH** | | **2 MONTHS AGO** | **3 MONTHS AGO** | | **4 MONTHS AGO** | **5 MONTHS AGO** | | **6 MONTHS AGO** |
| **Sales volume** |  | |  |  | |  |  | |  |
| **Number of transactions** |  | |  |  | |  |  | |  |
| **Chargeback volume** |  | |  |  | |  |  | |  |
| **Number of chargeback’s** |  | |  |  | |  |  | |  |
| **Refunds volume** |  | |  |  | |  |  | |  |
| **Number of refunds** |  | |  |  | |  |  | |  |
| **CARDHOLDER DATA STORAGE COMPLIANCE** | | | | | | | | | |
| **1. Are you using software or gateway application? Yes No**  **2. a) What third party software company/vendor did you purchase your Application from?**  **b) What is the name of the third party software? Version #?**  **c) Do your transactions process through any other third parties, web hosting companies or gateways? Yes No**  **If yes, who is it?**  **3. a) Do you or your vendor receive, pass, transmit or store the full cardholder number, electronically? Yes No b) If yes, where is card data stored? Merchant Third Party Only Both Merchant & Third Party**  **b1.) Are you or your vendor PCI/DSS (Payment Card Industry/Data Security Standard) compliant? Yes No b2.) What is the name of your Qualified Security Assessor?**  **b3.) Date of compliance: Date of last scan:**  **4. Have you ever experienced an account data compromise? Yes No If yes, when?**  **\*\*\*\*\* Card Association requirements dictate it is prohibited to store track data in any circumstance. Further, it is recommended that no merchant or a merchant's third party vendor store cardholder data. If you or your vendor store data, you or your vendor are required to be PCI DSS compliant. Failure to adhere to these requirements may result in fines or loss of card acceptance. \*\*\*\*\*** | | | | | | | | | |

**SITE INSPECTION**

**Merchant: Owns Rents Landlord: Building Type: Shopping Ctr Office Bldg Industrial Bldg Residence**

**Area Zoned: Commercial Industrial Residential Square Footage/m2: 0-500 501-2500 2501-5000 5001-10000+ Does Merchant have the appropriate facilities, equipment, inventory, personnel and license /permit to operate their business? No Yes**

**Declarations**:

I hereby confirm to be the owner of the listed website(s). I further declare to have full control and authorization of the website content. I acknowledge and agree that I will not use the Processing System for transactions relating to; 1) Sales made under a

different trade name or business affiliation than indicated on this Agreement or otherwise approved by the acquirer in writing; 2) Fines or Penalties of any kind, losses, damages or any other costs that are beyond the Total Sale Price; 3) Any transaction that violates any law, ordinance, or regulation applicable to my business; 4) Goods which I / we know will be resold by a customer whom I / we reasonably should know is not ordinarily in the business of selling such goods; 5) Sales by third parties; 6) Any other amounts for which a customer has not specifically authorized payment through the acquirer; 7) Cash, traveler's checks, Cash equivalents, or other negotiable instruments; or 8) Amounts which do not represent a bona fide sale of goods or services by me / us. I also declare on behalf of the company and on behalf of myself that, to the best of our knowledge, neither the company nor the website nor myself (or any of us) have ever been involved in excessive chargeback’s, fraud or content violation nor have any of the above ever terminated by an acquirer or asked by an acquirer to terminate an agreement within a set period of time.

**Investigate Consumer Report**

An investigative or consumer report may be made in connection with application. Merchant authorizes any party to the agreement or any of their agents to investigate the reference provided or any other statements or data obtained from merchant and

from any of the undersigned personal guarantor(s), or from any person or entity with any financial obligations under this agreement. You have a right, upon written request, to a complete and accurate disclosure of the nature of and scope of the investigation requested.

**By printing your name below, you here by agree and accept.**

**Principal # 1 Date Principal # 2 Date**

**Required Documents:**

6 Months Merchant Processing Statements

Copy of Principals Passport/National ID

Certificate of Incorporation (Originating Co. & EU registered Co.)

Articles/ Memorandum of Association

Copy of Business/Operating License

**Please submit this document in the following way:**

Voided Check

Most recent Business Bank Statement

MOTO/E-Commerce Merchant Info Form

Cross Corporate Guaranty (Originating Co. to EU registered Co.)

**For expedited underwriting this form needs to be completed electronically, manual completion will delay underwriting.**

- Send the information back to: charles@consultalimited.com

- For more information contact: info@consultalimited.com