

**MERCHANT APPLICATION**

**FAX TO 1.866.422.4009**

**BUSINESS INFORMATION**

DBA Name: \_\_\_\_\_

DBA Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

Legal Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Name as it appears on Tax Return: \_\_\_\_\_

Federal Tax ID \_\_\_\_\_ EIN\_\_ SSN\_\_ Date Established: \_\_\_\_\_ Years Owned: \_\_\_\_\_

Business Structure: Sole Proprietor \_\_\_ Corporation \_\_\_ Partnership \_\_\_ LLC \_\_\_ State Filed \_\_\_\_\_

Statement/Billing Address: Legal \_\_\_ DBA \_\_\_ Tax Address: Legal \_\_\_\_\_ DBA \_\_\_\_\_

**LOCATION INFORMATION**

Location Description: \_\_\_\_\_ Products Sold: \_\_\_\_\_

Seasonal: yes \_\_\_ no \_\_\_ If yes, what months are you closed: \_\_\_\_\_

Avg. Ticket \$: \_\_\_\_\_ High Ticket\$: \_\_\_\_\_ Avg. Monthly Volume \$: \_\_\_\_\_ High Month \$: \_\_\_\_\_

Card Present: \_\_\_\_\_ % Card Not Present: \_\_\_\_\_ % (CP and CNP Must Equal 100%)

Swiped: \_\_\_\_\_ % Keyed/Entered: \_\_\_\_\_ % MO/TO/Catalog: \_\_\_\_\_ % Internet: \_\_\_\_\_ % Must equal 100%

Refund Policy Description: \_\_\_\_\_

Inventory: Self Controlled/Shipped \_\_\_yes \_\_\_no Fulfillment House \_\_\_yes \_\_\_no

**LOCATION INFORMATION CONTINUED**

Fulfillment House Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**OWNERSHIP INFORMATION**

Owner #1 Name: \_\_\_\_\_ Title \_\_\_\_\_ Ownership: \_\_\_%

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home/Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Prior Bankruptcy: Business \_\_\_yes\_\_\_no Personal \_\_\_yes\_\_\_no Date of discharge: \_\_\_\_\_

Owner #2 Name: \_\_\_\_\_ Title \_\_\_\_\_ Ownership: \_\_\_%

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home/Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Prior Bankruptcy: Business \_\_\_yes\_\_\_no Personal \_\_\_yes\_\_\_no Date of discharge: \_\_\_\_\_

**BANK INFORMATION**

Bank Name: \_\_\_\_\_ Bank Phone#: \_\_\_\_\_

Routing (ABA) #: \_\_\_\_\_ Account (DDA) #: \_\_\_\_\_

**VOIDED CHECK OR BANK LETTER MUST ACCOMPANY THE APPLICATION. NO DEPOSIT SLIPS.**

**AMERICAN EXPRESS**

Apply For New American Express Account: \_\_\_ yes \_\_\_ no Existing American Express #: \_\_\_\_\_

**AMERICAN EXPRESS RATES VARY, MAY NEED SEPARATE APPROVAL, AND ADDITIONAL APPLICATION FEES**

**ADDITIONAL PROGRAMS**

Please check the programs that you would like additional information about:

Gift/Loyalty Card programs

Check Conversion/Guarantee/Collection/EFT/ACH Programs

Mobile Processing Mobile Phone Model \_\_\_\_\_ Carrier \_\_\_\_\_ Number \_\_\_\_\_

**EQUIPMENT**

Equipment/Software/Gateway Type: \_\_\_\_\_  Dial  IP

Equipment:  Leased  Purchased  Owned Auto Close:  yes  no Time: \_\_\_\_\_  pm  am

File Build  Retail  Restaurant  Hotel/Lodging  Multi-merchant Add Tip  yes  no

**PRICING (Office Use Only)**

Tiered  Interchange +  check one

VISA/MC/DISC Rate: \_\_\_\_\_% Offline Debit Discount Rate: \_\_\_\_\_% Transaction Fee: \_\_\_\_\_ per item

Mid-Qualified Rate: \_\_\_\_\_% Non-Qualified Rate: \_\_\_\_\_% Statement/On File Fee: \$ \_\_\_\_\_

Monthly Minimum: \$ \_\_\_\_\_ Debit Statement Fee: \$ \_\_\_\_\_ Chargeback/Retrieval fee: \$ \_\_\_\_\_ Voice Auth: \_\_\_\_\_

Initial Term: \_\_\_\_\_ Early Termination Fee: \$ \_\_\_\_\_

Equipment Quantity: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Price each: \$ \_\_\_\_\_

Equipment Payment Plan Monthly Payment: \$ \_\_\_\_\_ Duration in Months \_\_\_\_\_

Gateway Set-Up Fee: \$ \_\_\_\_\_ Monthly Fee: \$ \_\_\_\_\_ Transaction Fee: \_\_\_\_\_

**ATTACHED DOCUMENT CHECKLIST**

**Photo Copy of Driver's License**

**Voided Check or Bank Letter**

**3 months of processing Statements**

**Ecommerce MO/TO Form (if required)**

By signing the application below, I hereby authorize COCARD Processors, hereinafter called Company, to initiate debit entries to my bank account. The authorization is to remain in full force until Company has received written notification from me of its termination in such time and in such manner as to afford Company a reasonable opportunity to act on it (30 days). I represent and warrant that I am authorized to execute this Authorization Agreement and I indemnify and hold the Company, bank and their agents harmless from damage, loss or claim resulting from all authorized actions hereunder.

I hereby authorize a consumer credit report by merchant service provider and its leasing companies. I agree to the fees & rates as listed above and understand that CoCard, BinglePAY or its affiliates debit these from the account listed above. I also understand that rates and fees may be increased at some time by Visa/MasterCard and that CoCard, BinglePAY have no control of this.

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**Signature**

**Date**

This application will be processed by CoCard/BinglePAY. CoCard is a registered ISO/MSP of Wells Fargo Bank NA, Walnut Creek, CA.