

## Check21.com Merchant Application

Business Name:

Fax application to (954) 635-5562 or mail completed application package to:

Check21.com, LLC.  
3389 Sheridan Street  
Suite #503  
Hollywood, FL 33021

Include all the following required items with application:  
APPLICATION WILL NOT BE PROCESSED UNTIL COMPLETE.

### Attached Required Documents

- 1. Signed copy of Merchant Application.
- 2. Scanned copy of Driver's License:
- 3. Scanned copy of either of the following:
  - Credit Card
  - Passport
  - Other
- 4. Certificate of Incorporation.
- 5. Fictitious Name Filing/DBA (If applicable).
- 6. Utility Bill (Must be from a public utilities company).
- 7. Last three (3) months operating business account statements. (If new business, provide principal's banking statements).
- 8. Last three (3) months ACH/Check 21/Credit Card processing statements.
- 9. Voided pre-printed check and deposit slip (Supply letter from bank affirming account ownership if not available).
- 10. Fulfillment Information and/or Sales script.

### Additional Items Required (If Processing Over \$50,000.00 Per Month)

- 11. Annual Financial Statements.
- 12. Last two (2) Federal Income Tax Returns.
- 13. Third Party Recording Login.
- 14. Copy of company business model.

### IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law (Patriot Act) requires all financial institutions to obtain, verify, and record information that identifies each person who opens an Account. Identity verification also helps to protect you and us from fraud.

#### What this means for you:

When you open an Account, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We must also ask for driver's license information or other identifying documents.

## Merchant Application

<b>Sales Information</b>			
Sales Agent Name:		Processing Requested:	
Reseller Name:		<input type="checkbox"/> Check 21 <input type="checkbox"/> Credit Card <input type="checkbox"/> Check Scanning	
<b>Business Information</b>			
Legal Business Name:			
Company DBA:			
Business Address Line 1 (No P.O. Box):			
Business Address Line 2:			
City:	State:	Zip:	Country:
Business Phone:		Business Fax:	
Customer Service Email:		Business URL:	
Customer Service Number:		Customer Service Hours of Operation:	
State of Incorporation:		Incorporation Date:	
EIN #:		Years in Business:	
Type of Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> LLC <input type="checkbox"/> Government			
Business Premises: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Lease		Publicly Traded: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Principal 1 Information</b>			
(if there are multiple owners, use information for owner with largest share of ownership)			
Business Ownership %:		Home Ownership:	
		<input type="checkbox"/> Rent <input type="checkbox"/> Own	
First Name:	Middle Initial:	Last Name:	
Residence Address Line 1 (No P.O. Box):			
Residence Address Line 2:			
City:	State:	Zip:	Country:
Residence Phone:		Mobile Phone:	
Residence Fax:		Email:	
Date of Birth (MM/DD/YYYY):		Social Security Number:	
Driver's License #:		Driver's License State:	

**Principal 2 Information**

Business Ownership %:		Home Ownership: <input type="checkbox"/> Rent <input type="checkbox"/> Own	
First Name:	Middle Initial:	Last Name:	
Residence Address Line 1 (No P.O. Box):			
Residence Address Line 2:			
City:	State:	Zip:	Country:
Residence Phone:		Mobile Phone:	
Residence Fax:		Email:	
Date of Birth (MM/DD/YYYY):		Social Security Number:	
Driver's License #:		Driver's License State:	

**Check Processing**

Do you currently utilize Check21 or ACH? <input type="checkbox"/> Yes <input type="checkbox"/> No	Service Provider:
Number of Transactions / Day: _____	Average Transaction Amount: \$ _____
Number of Returns / Month: _____	Average Return Amount: \$ _____

**Credit Card Processing**

Do you currently process credit cards? <input type="checkbox"/> Yes <input type="checkbox"/> No	Service Provider:
Number of Transactions / Day: _____	Average Transaction Amount: \$ _____
If Terminated, explain:	

**Bank Account Information**

Bank Name:	Name on Account:
Bank Routing Number:	Account Number:

**Merchant Website Details**

Site URL:	Customer Service #:		
Descriptor (Pay to the Order of):	Recurring: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe Product /Service:			
Software/Gateway: <input type="checkbox"/> Virtual <input type="checkbox"/> Shopping Cart <input type="checkbox"/> Other	Service Provider:		
Is a Merchant Certificate utilized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate #:	Certificate Issuer:	Expiration Date:
In-house Data Storage: <input type="checkbox"/> Card Number <input type="checkbox"/> Expiration Date <input type="checkbox"/> CVV2/CVC2 <input type="checkbox"/> Cardholder Name <input type="checkbox"/> Cardholder Zip Code <input type="checkbox"/> Cardholder Address <input type="checkbox"/> Magnetic Stripe Data			
Describe refund policy:			
Type of authorization retained: <input type="checkbox"/> Digital <input type="checkbox"/> Audio (Recording) <input type="checkbox"/> Written			
How will transactions be initiated? <input type="checkbox"/> Internet <input type="checkbox"/> Telephone <input type="checkbox"/> Point-of-Sale <input type="checkbox"/> Subscription <input type="checkbox"/> Written agreement / Mail			

Site 2 URL:		Customer Service #:	
Descriptor (Pay to the Order of):		Recurring: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe Product /Service:			
Software/Gateway: <input type="checkbox"/> Virtual <input type="checkbox"/> Shopping Cart <input type="checkbox"/> Other		Service Provider:	
Is a Merchant Certificate utilized? <input type="checkbox"/> Yes <input type="checkbox"/> No		Certificate #:	Certificate Issuer:
Expiration Date:			
In-house Data Storage: <input type="checkbox"/> Card Number <input type="checkbox"/> Expiration Date <input type="checkbox"/> CVV2/CVC2 <input type="checkbox"/> Cardholder Name <input type="checkbox"/> Cardholder Zip Code <input type="checkbox"/> Cardholder Address <input type="checkbox"/> Magnetic Stripe Data			
Describe refund policy:			
Type of authorization retained: <input type="checkbox"/> Digital <input type="checkbox"/> Audio (Recording) <input type="checkbox"/> Written			
How will transactions be initiated? <input type="checkbox"/> Internet <input type="checkbox"/> Telephone <input type="checkbox"/> Point-of-Sale <input type="checkbox"/> Subscription <input type="checkbox"/> Written agreement / Mail			
<b>Marketing Information</b>			
How do you market your product? <input type="checkbox"/> Newspaper/Magazine <input type="checkbox"/> Internet <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Direct Mail <input type="checkbox"/> Television <input type="checkbox"/> Other			
If other, describe:			
<b>Shipment and Fulfillment Information</b>			
What are the shipment fees per order?			
Delivery Method: <input type="checkbox"/> USPS <input type="checkbox"/> Registered USPS <input type="checkbox"/> UPS <input type="checkbox"/> FEDEX <input type="checkbox"/> DHL <input type="checkbox"/> EMAIL			
Do customers get a reservation code enabling them to track the product? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you offer insurance in case the product is damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you use a fulfillment house? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name:	
		Phone Number:	
<b>Risk Questionnaire</b>			
Will you be processing ONLY US transactions? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, list all countries:	
Are there any states/countries which are blocked? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, please explain.	
How do you handle fraud issues? Please detail any Anti-Fraud tools used.			
If you use affiliate programs, are they involved in the processing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you allow P.O. box as address field? <input type="checkbox"/> Yes <input type="checkbox"/> No		If NO, how do you control it?	
Are email receipts sent upon purchase confirmation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How do you verify customers' identification?			
Does your website have a customer login? (If YES, a temporary login must be provided.) <input type="checkbox"/> Yes <input type="checkbox"/> No		Username:	
		Password:	
<b>Business and Personal References</b>			
Name:		Company Name:	Phone Number:
Name:		Company Name:	Phone Number:
Personal Reference Name:			Phone Number:
By signing below, it is understood that Check21.com, LLC will receive, collect and hold personal or non-public information about the merchant including but not limited to: the merchants name, address, telephone number, e-mail address, social security number and/or tax identification number, credit history, and criminal record for the purpose of considering eligibility for the Check21.com, LLC Services. Check21.com LLC may also submit such information to banking institutions that may be utilized in the processing of Check 21 or Credit Card transactions for the merchant.			
By: _____			
Print Name: _____ Date: _____			