

MERCHANT PRECHECK FORM

Merchants can complete this PreCheck form* to save time and effort.

With the info you provide, we can determine whether we can assist you with obtaining your credit card merchant account(s). If your PreCheck is approved, we ask you to proceed and complete our application form.

Contracting company name	<input type="text"/>
DBA name (if applicable)	<input type="text"/>
Company address	<input type="text"/>
Country of incorporation	<input type="text"/>
Official owner / % owned	<input type="text"/>
Name of CEO	<input type="text"/>
Years in business	<input type="text"/>
Merchant business type	<input type="text"/>
Detailed description of products/services sold	<input type="text"/>
Describe pricing, membership packages and service lengths	<input type="text"/>
Is a fulfillment house used:	<input type="radio"/> Yes <input type="radio"/> No
Is a call center used:	<input type="radio"/> Yes <input type="radio"/> No
URL(s) that will be used	<input type="text"/>
Current processor	<input type="text"/>
Current acquirer	<input type="text"/>
How long with current processor/acquirer	<input type="text"/>
Average transaction value	<input type="text"/>
Monthly processing volume	<input type="text"/>
Desired processing currencies	<input type="text"/>
Desired settlement currencies	<input type="text"/>

Transactional History	Last month	2 months ago	3 months ago	4 months ago	5 months ago	6 months ago
Sales volume	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of transactions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chargeback volume	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of chargebacks	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Refunds volume	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of refunds	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please submit this document in the following way:

Thank you in advance for answering the above questions (on your PC). Save this document before sending.

- Send the information back to:
- For more information please contact:

*All fields are required