



Merchant Banking Application

Governor's Road / P.O. Box 270
 Providenciales, Turks & Caicos Islands
 Tel: (649) 941-5028
 Fax: (649) 941-5029

Application Date ____/____/____

MERCHANT INFORMATION (Please print clearly and use blue or black ink)

Legal Name of Business		DBA (doing business as)	
Street Address (Physical address-no P.O. boxes)		City	Country/State ZIP
Mailing Address (If different from Street Address)		City	Country/State ZIP
Telephone No. () -	Business Fax No. () -	Business Email	Age of Business Yrs. Mos.
Authorized Business Representative	Representative E-Mail	Merchant Customer Fax	Merchant Customer Service Telephone No. () -

OWNERSHIP (51% ownership for a corporation, 100% ownership for a partnership or proprietorship, must be accounted for on the application)

Sole Proprietorship
 Partnership
 Limited Liability Company

Principal's Name	Ownership %	Title
Date of Birth (mm/dd/yy) (Required) / /	Social Security No. (Required)	
Driver's License No. (Required)	District/Expiration Date (Required) /	
Street Address (Physical address-No P.O. boxes)	City	State ZIP
Home No. () -		
Second Principal's Name	Ownership %	Title
Date of Birth (mm/dd/yy) (Required) / /	Social Security No. (Required)	
Driver's License No. (Required)	District/Expiration Date (Required) /	
Street Address (Physical address-No P.O. boxes)	City	State ZIP
Home No. () -		

BANK INFORMATION

DIRECT DEPOSIT ACCOUNT (DDA)

Bank Name	Account No.	Telephone () -	Contact
Date Opened	Present Balance	Average Balance	Line of Credit
How long has the Principal/Business been known to Branch Years Months	Financial Statements Attached		

BUSINESS INFORMATION

Type of Business / Products / Service Sold	Target Market		
Business in Existence Since	Years at Location	If New, Expected Start Date	
Are Premises Owned by Principal YES NO	Are Premises Leased (if yes, attach copy of lease agreement) YES NO		
Annual Sales Volume (estimate, if new business)	Monthly Volume	No. of Transactions per month	Average Credit Card Transaction

MARKETING METHOD

Marketing Method (Enter all that apply; must equal 100%)

Storefront Retail	_____ %	Internet	_____ %
Service Retail	_____ %	Mail Order	_____ %
Trade Show Retail	_____ %	Other	_____ %
Telephone Order	_____ %		



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CURRENT OR PREVIOUS PROCESSOR (MasterCard/Visa sales) (If yes, attach a previous processor's statement)

Are you now processing or have you ever processed MasterCard/Visa? Yes No
Name of Processor _____ Rate _____
Have you ever had a bankcard relationship terminated? No Yes (If yes, attach explanation)

SITE VISITATION

Person/authorized company performing site visitation: _____ Visitation Date: _____

AUTHORIZATION

I/we warrant and confirm that the information given herein is true and correct. You are authorized to obtain any information you may require relative to this application from any source to which you may apply and each source is hereby authorized to provide you with such information. You are also authorized to retain the application whether or not the relative merchant account is approved.

I/we understand that the BANK may from time to time give any credit and other information about me/us, including information on this form to any bank, reporting agency, person with whom I/we may have or propose to have financial dealings.

The undersigned is authorized to act on behalf of the merchant ("Merchant"). Merchant accepts the terms and conditions of the Merchant Agreement. Merchant acknowledges reading and understanding the entire Merchant Agreement.

X

Print Name of Principal or Corporate Officer Title Signature Date

X

Print Name of Principal or Corporate Officer Title Signature Date

Name (Print) and Signature of Bank Representative (Acknowledgement of completion of this agreement)	
_____	Date _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Declined

Manager's Name and Signature	Date _____