



MERCHANT SERVICES PRE-APPLICATION

 Consulting@rsmerchantservices.com

Business Information:

Business Legal Name:	<input type="text"/>		
Legal Address:	<input type="text"/>	City:	<input type="text"/>
State:	<input type="text"/>	Zip:	<input type="text"/>

Is your DBA information same as legal?

Yes No

DBA Location Building Type:	<input type="text"/>	Area Zoned:	<input type="text"/>
Square Footage:	<input type="text"/>	Customer Service Phone Number:	<input type="text"/>
Customer Service Email:	<input type="text"/>	Ownership Type:	<input type="text"/>
Website Url:	<input type="text"/>		
Federal Tax ID/EIN:	<input type="text"/>	Month/Year Started:	<input type="text"/>
Products/Services Sold:	<input type="text"/>	Number Of Employees:	<input type="text"/>

Total Gross Annual Sales (Cash, Check, C.C.'s):	<input type="text"/>	Annual Credit Card Sales:	<input type="text"/>
Average Sales Transaction Amount:	<input type="text"/>	Highest Transaction Amount:	<input type="text"/>
Percentage Of Business To Business Sales:	<input type="text"/>	Percentage Of Business To Customer Sales:	<input type="text"/>

OWNER/OFFICER Information:

Full Name:	<input type="text"/>	Title:	<input type="text"/>
Ownership (%):	<input type="text"/>	Phone:	<input type="text"/>
Email:	<input type="text"/>		
D.O.B.	<input type="text"/>	Social Security:	<input type="text"/>
Residence Address:	<input type="text"/>		

**Any person holding 25% or more ownership will need to provide their social security number and D.O.B*

"If you are a Card Not Present business such as ecommerce and/or take phone orders and enter card info manually, please go onto page 2 and complete."

Phone Orders/Ecommerce Profile Questionnaire:

What marketing method do you use to acquire customers?

[Redacted]

Percentage of customer base: U.S. [Redacted] %, International [Redacted] %

Method of delivery: [Redacted] Credit card sales are charged on: [Redacted]

If charged on date of order, how long before customer receives product? [Redacted]

Does your billing strategy involve automatic billing after a trial period? [Redacted]

Do you do recurring billing? Yes No If so, what frequency? [Redacted]

Do you require deposits? Yes No If yes: (a) % of sales required: [Redacted]

(B) Is final payment due before fulfillment? Yes No Number of days before: [Redacted]

Do you own the product/inventory? Yes No Is product stored at your location? Yes No

If no, where is it stored? [Redacted]

Who performs product/service fulfillment? [Redacted]

If vendor: (a) Do you have a signed fulfillment agreement? Yes No

(B) Name of vendor company: [Redacted]

Phone: [Redacted] Address: [Redacted]

City: [Redacted] State: [Redacted] Zip: [Redacted]

Please describe how transaction works from order taking to order fulfillment:

[Redacted]