



## 2015 Submission Requirements / Merchant Application



**MIDsource Risk Department**

Email: [risk@gomidsource.com](mailto:risk@gomidsource.com)

## 2015 SUBMISSION REQUIREMENTS:

Executed MIDsource Merchant Application (*Typed Only*)

6 Months Current Processing Statements

6 Months Recent Bank Statements

Corporate Documents (Articles, SS4, Business Licenses, etc.)

Corporate Tax Returns (Past 2 years)

Voided Check or Bank Letter (On Bank Letterhead: Showing full routing and account #)

Corporate Financials\* (If processing over 250K Per month: P&L and Balance Sheet)

Fulfillment Agreement (If Applicable)

DL or Passport(s) For all Account Signatories /Owners

List of all URLs

Personal Utility Bill (Within 6 Months)-Must Be in the Owner's Name-Not the Corporation

CV(s) For All Account Signatories/Owners

***If the business is a Startup, please include the following in place of corporate requested:***

6 Months Personal Bank Statements (*For Each Listed Owner*)

2 Years Personal Tax Returns (*For Each Listed Owner*)

**NOTE:** Based upon business type, additional requirements may be necessary. Please contact a MIDsource Representative if you should have any questions.



## Owner and Officer Information:

Owner 1 Name:		Title:	% Ownership	Social Security Number:	
Home Address:		City:	State:	Zip:	Own or Rent:
Time at Residence (Years):	Date of Birth:		Drivers License or Passport #:	DL State:	DL or Passport Expiration:
Home Phone:	Cell Phone:		Email Address:		Skype ID:

Have you ever filed for Personal or Business bankruptcy?( If yes, please provide details below and submit the related discharge letter along with the application):

Owner 2 Name:		Title:	% Ownership	Social Security Number:	
Home Address:		City:	State:	Zip:	Own or Rent:
Time at Residence (Years):	Date of Birth:		Drivers License or Passport #:	DL State:	DL or Passport Expiration:
Home Phone:	Cell Phone:		Email Address:		Skype ID:

Have you ever filed for Personal or Business bankruptcy?( If yes, please provide details below and submit the related discharge letter along with the application):

## Banking Information *(Please Include a Voided Check or Bank Letter):*

Deposits / Withdrawals:	Bank Name:	Bank Account # / DDA:	Routing # / ABA (9 digits):	Bank Phone Number:
Deposits & Withdrawals				
Deposits Only				
Checking Account				
Withdrawals Only				
Checking Account				

## Cardholder Data Storage Compliance *(Security):*

Do you store card numbers?    Yes    No	Are you currently PCI DSS Compliant?    Yes    No
Do you or your Service Provider(s) receive, pass, or transmit or store the full Cardholder Number"FCN", electronically?  Yes    No  If yes, where is card data stored?    Merchant location Only  Primary Service Provider    Both Merchant & Service Provider  Other: _____	Have you been subject to any ongoing or previous compromise investigations?  Yes    No    If yes, please explain:  Do you use a Fulfillment House?    Yes    No    Phone:  Fulfillment Contact Information (Name, Contact Person, Address):

**Processing, Billing, and Marketing Profile:**

How many total chargebacks (across all MIDS) have you had in the past 6 months?:

What was the total dollar amount of those chargebacks?

What chargeback management tools do you currently utilize?

Have you ever been notified that you have been placed on the chargeback monitoring program? If so, when, why, and for how long?

What is your average monthly transaction count (across all MIDS)?

Have you ever had a merchant account closed or terminated for excessive chargebacks?      Yes      No

If yes, please provide details {Date(s), Name of Processor(s), Name of Acquirer(s)}:

What is your reason for applying for a merchant account?      Need Additional Volume      Terminated      Other

Details: \_\_\_\_\_

When is the customer charged?      Time of Order      Upon Shipment

How many days from the time of order does it take to deliver merchandise to the customer?      1-7days      8-14days      14+days

What percentage do you sell to:      Business      %      Public      %

Requested Billing Descriptor:      Company Billing Contact Person (Refunds, Disputes, Chargebacks, etc.):

Name:      Phone:

How do you advertise your products or services? (Catalogs, Magazines, TV, Internet, etc. List all that apply):

Please describe your warranty, return, and refund policy:

Is a Call Center used?      Yes      No

Call Center Name:      Contact Person:      Phone Number:

Call Center Address:

Notes / Special Requests:

**Declarations / Investigate Consumer Report:****Declarations:**

I hereby confirm to be the owner of the listed website(s). I further declare to have full control and authorization of the website content. I acknowledge and agree that I will not use the Processing System for transactions relating to; **1)** Sales made under a different trade name or business affiliation than indicated on this Agreement or otherwise approved by the acquirer in writing; **2)** Fines or Penalties of any kind, losses, damages or any other costs that are beyond the Total Sale Price; **3)** Any transaction that violates any law, ordinance, or regulation applicable to my business; **4)** Goods which I / we know will be resold by a customer whom I / we reasonably should know is not ordinarily in the business of selling such goods; **5)** Sales by third parties; **6)** Any other amounts for which a customer has not specifically authorized payment through the acquirer; **7)** Cash, traveler's checks, Cash equivalents, or other negotiable instruments; or **8)** Amounts which do not represent a bona fide sale of goods or services by me /us. I also declare on behalf of the company and on behalf of myself that, to the best of our knowledge, neither the company nor the website nor myself (or any of us) have ever been involved in excessive chargeback's, fraud or content violation nor have any of the above ever terminated by an acquirer or asked by an acquirer to terminate an agreement within a set period of time.

Further, I also understand that MIDsource can refuse to assist with and or provide processing services for my website, company, or any related or affiliated businesses I own in part or in whole at its sole discretion.

**Investigate Consumer Report**

An investigative or consumer report may be made in connection with application. Merchant authorizes any party to the agreement or any of their agents to investigate the reference provided or any other statements or data obtained from merchant and from any of the undersigned personal guarantor(s), or from any person or entity with any financial obligations under this agreement. You have a right, upon written request, to a complete and accurate disclosure of the nature of and scope of the investigation requested.

**By Signing or Printing your name below, you hereby agree and accept:**

<b>Owner #1:</b>	<b>Date:</b>
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<b>Owner #2:</b>	<b>Date:</b>
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**Included in the submission of:** \_\_\_\_\_

- 6 Months Processing Statements
- 6 Months Bank Statements
- Corporate Documents (Articles, SS4, Licenses, etc)
- DL or Passport(s) for all account Signatories / Owners
- Tax Returns (Past 2 years)
- Voided Check or Bank Letter
- Corporate Financials (P&L, Balance Sheet)
- Fulfillment Agreement
- List of all URLs

**If the business is a Startup, please include the following in place of Corporate Requested:**

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- Personal Tax Returns (Past 2 Years-For each Listed Owner)

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