

Internet Merchant Services Application

Complete and return by email to netpay@salemanager.com or by fax to 1-904-437-4050. The following documents must be returned with your offshore merchant account application for high risk merchants:

- Certificate of incorporation.
- Last 6 months credit card processing statements **OR** Last 6 months processing statements for ACH or whatever type of processing previously used.
- Clear Copy of Passport for Director (the signatory of the contract).
- voided check or wire instruction.

Who referred you to us?	
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General Business Information

Legal Business Name :	
Main Site Name:	
Company / DBA / Trading Name:	
Tax ID Number:	
Type of Company: (sole proprietorship, not for profit, partnership, public corporation, LLC, private corporation, other)	
Date business established (MM/YY)	
Main Phone Number:	
Fax Number:	
Mailing address (street, city, state, country and postcode):	
Registered address (street, city, state, country and postcode):	

Describe your product or service that we will be processing for:	
What is the percentage of products/ services that you sell to:	other businesses?
	to consumers?
If your business offers a service, will there be recurring billing? If yes, will it be weekly, monthly, quarterly, yearly?	
Do you use telemarketing to contact potential customers?	
Do you use mass e-mails to contact potential customers?	
Your company operates from: office suite, retail storefront, warehouse, private residence?	
Web site addresses (list all that we will process for):	<hr/> <hr/> <hr/>
What phone number can customers call with questions?	
When are Visa/MasterCard transactions processed?	at date of order: _____ at date of shipment _____ other, explain: _____
If at date of order, how many days is it usually between order date and shipment date?	_____ days
How do you ship the majority of your product orders? (circle one)	Overnight 2-3 day air Ground
What shipping service do you typically use? (circle one)	UPS FedEx DHL Postal Service

	Other: _____						
Do you use a fulfillment house to take your orders or ship products? (circle one)	YES NO						
What is the AVERAGE number of days until product delivery to your customers?							
Is business 100% through the Internet?							
Number of Employees:							
What is the most number of days that it takes a product to be delivered?							
Refund policy on credit card sales: (circle one)	Credit Merchandise exchange only Store credit No refunds Refund in 30 days or less Other: _____						
Total estimated card sales per month:							
Have you ever accepted credit cards in the past:							
Do you currently accept credit cards:							
Who is your current processor(s):							
Merchant ID number:							
Time with current Processor (years):							
Processing Currency(s):							
Why are you looking to switch processors?							
Highest transaction amount:							
Average transaction amount:							
Current processing rate:							
Monthly chargebacks:	Number: _____ US\$: _____						
Monthly returns/ refunds:	Number: _____ US\$: _____						
Current holdback amount: (ex.1 month, 20%, etc.)							
Breakdown of your business by country: (list the top 3 countries and the % of your customers by processing dollars in those countries)	<table border="1"> <thead> <tr> <th>Country</th><th>Percent</th></tr> </thead> <tbody> <tr> <td>1. _____</td><td>_____</td></tr> <tr> <td>2. _____</td><td>_____</td></tr> </tbody> </table>	Country	Percent	1. _____	_____	2. _____	_____
Country	Percent						
1. _____	_____						
2. _____	_____						

	3. _____
Percentage of credit card transactions when credit card is not present at time of sale:	_____ %

OWNERSHIP: Please list the four owners with the largest share of ownership.

Owner 1 Name:	
Contact Name:	
% of Ownership	
Owner since (MM/YY)	
Residence Address, City, State, Postcode	
Social Security Number if USA resident	
Owner 2 Name:	
Contact Name:	
% of Ownership	
Owner since (MM/YY)	
Residence Address, City, State, Postcode	
Social Security Number if USA resident	

Technical Contact Information

Technical Contact Name:	
Technical Email Address:	
Phone (preferably toll free):	

Customer Support Contact Information

Contact Name (if any):	
Email Address:	
Customer support phone number:	

This is where we will have customers contact you when they have questions.

Payment Processing Profile Information for Deposits

Bank name:	
Bank address:	
Routing or swift number:	
Business checking account number for merchant card deposits:	
Name on your account:	
Address on your account:	

ACCOUNT TERMS

Discount Rate And Fees

Merchant Discount Rate: 5.95 %
(base on type of business, volume and history)

Set Up fee **(Setup will be charged only upon approval)** \$295.00

Monthly Maintenance Fee	\$ 0.00
Transaction Fee (approvals, credits, declines)	\$0.40
AVS	\$0.00
Charge back fee	\$ 45.00
Wire Fee	\$ 45.00
Holdback	10.00%

Payout once a week with 7 business days delay

We wire every Thursday to all merchants due more than \$1,000.

Price display: The customer must be able to identify the final price of a product unmistakably.

AUTHORIZATION & ACKNOWLEDGEMENT

As part of my application, the company may obtain commercial credit bureau reports on applicant companies. In some instances, additional information about principals of the applicant company may be required, and the company will then obtain a consumer credit report on the Principal(s) identified in this application, The Principals' signatures are therefore required below.

I certify that the above information is true and correct, to the best of my knowledge.

I hereby authorize, without reservation, the company or an agent acting on its behalf to procure information from various federal, state and other agencies which maintain public and non-public records concerning my past activities relating to my driving, credit, civil, education, employment and other experiences. This report may be compiled with information from but not limited to credit bureaus, court record repositories, military records, department of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, any public domain, insurance company, and any other source required to verify information that I have voluntarily supplied for the purpose of verifying my financial standing and

SIGNED:

MERCHANT NAME: _____

BY: _____

Merchant Authorized Signature (Principal One)

DATED: _____

BY: _____

Merchant Authorized Signature (Principal Two)

DATED: _____