

PRE-APPLICATION



"Your < UFX'lc 'D'UW'fk HD'LA YfW UbhSource"

**4500 E Thousand Oaks Blvd
Westlake Village, CA 91362
Tel: (805) 449-1155
Fax: (805) 244-9266**

Strategic Merchant Solutions HTP Pre-Application

Please fill in the spaces below and mail or fax us the application. By doing so, you are giving **Strategic Merchant Solutions** as well as its agents and affiliates, permission to review your business and personal credit history in order to provide you with formal approval.

Business Legal Name ("Merchant"):	On MATCH File or TMF?:	Yes	No
Address:	Where is Merchant Located?:	USA	International
City: State: Zip:	Does Merchant Have Existing Offshore Company?:	Yes	No
Primary Contact Name: Email:	Will Merchant pay Setup Fees Offshore?:	Yes	No
Legal Phone: Mobile Phone:	Charge Backs Over 1%:	Yes	No
Website URL(s):	How Long has Merchant Been Processing?:	Years	Months
Legal Entity: Corp Sole Prop LLC Partnership	Where is Merchant Currently Processing? :		
Business Financials: Excellent Good Fair Poor	Reason for Another Account:		
Product and/or Service Sold:	Internet Marketing:	Outbound Email	Opt-in Email Website Banner
Average Visa/MC Monthly Volume:	MOTO Marketing:	Infomercials	Direct Mail Outbound Upsell
Requested Visa/MC Monthly Volume:	Billing Format:	One-time	Monthly Quarterly Annually
Average Ticket Size: High Ticket Size:	Do you Outsource?:	Service	Shipment Returns Billing Fulfillment
Is This a Rush Account?:(if yes additional fee will apply) Yes No			

Detailed Product & Service Description:	Detailed Business Model & Summary (Minimum 100 words):

Owner/Principle Information #1	Owner/Principle Information #2
Name:	Name:
Address:	Address:
City, State Zip:	City, State Zip:
Phone:	Phone:
Email:	Email:
% of Ownership:	% of Ownership:
Date of Birth:	Date of Birth:
SSN#: DL #: DL State:	SSN#: DL #: DL State:
Personal Financials: Excellent Good Fair Poor	Personal Financials: Excellent Good Fair Poor

For Office use Only	
Agent Office #:	Agent Office Name :
Agent Office Phone #:	Agent Contact Person:

Target Pricing:	Rate:	%	+	\$	Per Transaction	\$	Monthly Minimum
-----------------	-------	---	---	----	-----------------	----	-----------------

By signing below, the Merchant and its owners / principals: (1 & 2) certify that all information and documents submitted in connection with this Application is true, correct and complete; and (2) authorize Strategic Merchant Solutions, partners, and lenders to receive credit reports and any other information regarding the Merchant and its owners and principals from third parties, to verify any information provided on the Application.

Principal 1

By: _____ Print Name: _____ Date: _____

Principal 2

By: _____ Print Name: _____ Date: _____

FAX to: 805.244.9266