

CashNet Solutions

Merchant Processing Application



Merchant Information	DBA Name:		DBA Phone #:		X if Cell Phone <input type="checkbox"/>	
	Contact Name:		DBA Fax #:			
	DBA Address 1 (no PO Box):		Customer Service Phone #:			
	DBA Address 2:		Email Address:			
	City:	State:	Zip Code:	Year Established:		
	Previous Processor:		Length of Current Ownership:		years,	months
Corporate Information	Legal/Corporate Name:		Legal/Corporate Phone #:		Ext.	
	Legal/Corporate Contact Name:		Website:			
	Legal/Corporate Address:					
	City:		State:	Zip Code:		
Principal Information 1 (Owner/Partner/Officer)	<input type="checkbox"/> Owner/Partner: Percentage of Ownership _____ % or <input type="checkbox"/> Officer: Title _____					
	First Name:		MI:	DOB:		
	Last Name:		SSN:			
	Home Address:		EIN Number:			
	City:	State:	Zip Code:	Email Address:		
Principal Information 2 (Owner/Partner/Officer)	<input type="checkbox"/> Owner/Partner: Percentage of Ownership _____ % or <input type="checkbox"/> Officer: Title _____					
	First Name:		MI:	DOB:		
	Last Name:		SSN:			
	Home Address:		Home Phone #:			
	City:	State:	Zip Code:	Email Address:		
Other Merchant Information	Total Monthly Sale : \$		Average Ticket Size : \$		Description of product or services offered:	
	Total Monthly Credit Card Sales: \$		Highest Ticket Size : \$			
	Card Present (swiped) _____ %	For Card Present Transactions , when does the customer receive the product or service? <input type="checkbox"/> Same Day <input type="checkbox"/> If not same day, #_____ of Days (include shipping time frame) For Card Not Present Transactions , when does the customer receive the product or service? <input type="checkbox"/> Same Day <input type="checkbox"/> If not same day #_____ of Days (include shipping time frame) For Online e-commerce: List the product web site url: _____				
	Card Present (not swiped) _____ %					
	Mail Order _____ %					
	Telephone Order _____ %					
	Internet _____ %					
Total = 100%						
Do you operate seasonally: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check months <u>closed</u> :						
<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June	
<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December	
Bank Account	(Checking Accounts only)					
	Deposit Bank Name:		ABA/Routing #:		DDA Account #:	
	Billing Bank Name (if different):		ABA/Routing #:		DDA Account #:	
Site Information	Zone:	Location:	Return Policy:	Equipment Category	<input type="checkbox"/> Terminal <input type="checkbox"/> POS/Cloud	
	<input type="checkbox"/> Business District	<input type="checkbox"/> Shopping Area	<input type="checkbox"/> Full Refund		<input type="checkbox"/> Terminal/Wireless <input type="checkbox"/> MO/TO / Internet	
<input type="checkbox"/> Industrial	<input type="checkbox"/> Office	<input type="checkbox"/> Exchange Only	<input type="checkbox"/> POS			
<input type="checkbox"/> Residential	<input type="checkbox"/> Home	<input type="checkbox"/> Store Credit				
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> None				

Reset From



Disclaimer Regarding Disclosure of Confidential Information

By your signature both above and below, you authorize CashNet Solutions Inc. (“Cashnet”) to obtain a Consumer Credit Report and/or Business Credit Report as well as share the information disclosed above to authorized third parties, which include, but are not limited to, banks and processing platforms. This information is strictly used for facilitating the underwriting and approval process to establish merchant processing accounts, which involves verification of your identity and confirmation of the validity of the information provided, as well as any other lawful purpose covered under the Fair Credit Reporting Act (FCRA) (collectively referred to as the “Process”). Thus, the information that you disclose above will be treated as confidential to the extent that CashNet shall only share such information with third parties that it works with to facilitate the Process. Any information that CashNet obtains from the Process is compiled from third-party sources believed to be reliable but cannot guarantee its accuracy.

You hereby represent and warrant that the information you have provided above to facilitate the Process and to ensure the information received by CashNet from its authorized third parties is complete and accurate and that you have the full right, power, and authority to provide such information.

You hereby indemnify, defend, and hold harmless CashNet and its officers, directors, partners, members, shareholders, employees, agents, affiliates, successors, and permitted assigns against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind arising out of any improper use of this confidential information by authorized third parties with whom CashNet is required to share such information for purposes of the Process i.e. establishing merchant processing accounts. However, such indemnification does not cover willful or grossly negligent acts or omissions of CashNet that result in the disclosure of confidential information to unauthorized third parties.

You further acknowledge and agree that you will not use your merchant processing account for illegal transactions, for example, those prohibited by the Unlawful Internet Gambling Enforcement Act, 31 U.S.C. Section 5361 et seq, as may be amended from time to time, or processing and acceptance of transactions in certain jurisdictions pursuant to 31 CFR Part 500 et seq. and other laws enforced by the Office of Foreign Assets Control (OFAC).

You certify, under penalties of perjury, that the federal taxpayer identification number and corresponding legal business name provided herein are correct and are those used by you in filing all federal, state, and local tax returns.

Merchant Name

Merchant Title

Merchant Signature

Date