

MERCHANT CARD SERVICES APPLICATION



365 Paine Turnpike North, Berlin
PO Box 67
Montpelier, VT 05601
t. 802/800 371-5162
f. 802-225-1066
www.vsecu.com

ACQUIRER USE ONLY

Merchant # _____ Hierarchy _____
Acquirer Code _____
MCC _____ Batch # _____ Account Type _____
Date Input _____ By _____ Vendor Type _____
Date _____ Phone _____
MSC Name _____

MERCHANT INFORMATION

Name of Corporation or Partnership _____

Merchant Doing Business as Name _____

Mailing/Billing Address _____

Location Address _____

City/State/ZIP _____

City/State/ZIP _____

Business Phone # _____

Business Fax # _____

Merchant Phone # _____

Primary Merchant Contact _____

Years in Business _____

How Long at This Location _____

Tax ID # _____

of Locations _____

Type of Business:

- Retail Restaurant Convenience Store Mail Order Internet Order
 Wholesale Lodging Convenience Store w/Gas Telephone Order Other

If Mail/Telephone Order, What Percentage _____%

If Internet Order, What Percentage _____%

Describe the Merchandise Sold or Service(s) Provided: _____

Web URL Address: _____

Check Method of Advertising and Include any Materials:

- Yellow Pages Ad Direct Mail-Letter/Brochure Newspaper/Magazine Advertisement Catalog
 Telephone/Telemarketing Referral Television/Radio Internet

Ownership Type:

- Sole Proprietorship Corporation Partnership Limited Liability Company Other _____

Equipment Type: Lease Purchase Reprogram Comment: _____

Credit Card Type: VISA/MasterCard American Express Discover Diners

OWNERS OR OFFICERS

(1) Name _____ Title _____ Social Security # _____

Residence Address _____ City/State/ZIP _____

Former Address _____ City/State/ZIP _____

Driver's License # _____ State _____ Home Telephone # _____

(2) Name _____ Title _____ Social Security # _____

Residence Address _____ City/State/ZIP _____

Former Address _____ City/State/ZIP _____

Driver's License # _____ State _____ Home Telephone # _____

CREDIT INFORMATION

Monthly Credit Card Volume \$ _____ Average Ticket \$ _____

Mail, Telephone, Internet Order Sales *(Complete if any portion of your sales are generated through mail/telephone/internet order.)*

Percent of Monthly Sales Generated Through: Mail Order _____% Telephone Order _____% Internet Order _____% Total=100%

Number of Days to Prepare Shipment for Delivery to Customers from Date of Order _____

Percent of Customer Orders Delivered in 0-7 Days ___% 8-14 Days ___% 15-30 Days ___% More Than 30 Days ___% Total =100%

Card Sales are Deposited (Check One) At Date of Shipment Other

Name of Fulfillment House _____

Delivery Time Frame _____

Street Address _____

City/State/ZIP _____

Name of Shipping Service Used _____

Delivery Time Frame _____

Street Address _____

City/State/ZIP _____

How Do You Advertise for Your Mail/Telephone Order Sales? (Check as appropriate)

Catalog Direct Mail/Brochure Television/Radio Telephone/Telemarketing Newspaper/Magazine Ads (Specify names)

NOTE: Current Copies of the Above Material Should be Attached.

SALES DEPOSIT POLICY

Are Consumers Required to Provide a Deposit? Yes No If Yes, Percent Required _____%

If Yes, Number of Weeks Until Complete Delivery of Product/Service: _____

REFUND POLICY

Do You Have a Refund Policy for Your Card Sales? Yes No

Check the Applicable Refund Policy Cash Exchange Store Credit Card Credit

If Card Credit, Within How Many Days are Credit Transactions Deposited? 0-3 Days 4-7 Days 8-14 Days Over 14 Days

BUSINESS CREDIT REFERENCES

(1) Name _____

Telephone # _____

Address _____

City/State/ZIP _____

Contact _____

Account # _____

(2) Name _____

Telephone # _____

Address _____

City/State/ZIP _____

Contact _____

Account # _____

If Merchant Has Previously Accepted Credit Cards, The Last Three (3) Months of Merchant Statements Must Be Provided.

Current Processing Institution, If Applicable

Processor Name _____

Telephone # _____

City/State/ZIP _____

Contact _____

Reason for Changing Processor _____

Merchant Account # _____

Name of Merchant's Principal Bank _____

Account # _____

Length of Time at Principal Bank _____

Telephone # _____ Contact _____

Have Any of the Principals File for Bankruptcy? Yes No

If Yes, Name: _____ Charter Filed _____ Date _____ County/State _____

Have Principals Ever Managed or Owned Another Business That Accepted Charge Cards? Yes No

If Yes, Provide Business Name: _____ City/State _____