

# International Merchant Account Application

Trading Name:

Company Name (if different):

Trading Address:

Registered Office Address  
(if different):

Contact Name(s) & Business Title(s):

Contact Telephone Number(s):

Mobile/Cell Telephone Number(s):

Contact e-mail address:

Contact Fax Number:

Company Number (Registered Number):

Country of Incorporation (or State, if USA)

Date of Incorporation

Status of Applicant (delete as appropriate)

Sole proprietor    Partner    Limited Co.  
PLC    Other(please specify)

Brief description of business activities:

Date Commenced Trading

Projected Annual Card Turnover:

Projected Average Transaction Value:

Projected % Split between UK/European/  
Non-European Transactions

GBP	EU	OTHER
%	%	%

Website Address(es)

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Have you previously accepted card payments? Yes No

If Yes, through whom?

Who is your current payment processor?

If "Yes", number of chargebacks in the last 12 months:

If "Yes", value of chargebacks in the last 12 months:

Have you ever had a card processing agreement terminated? Yes No

If "Yes" Please provide full details:

Do you take deposits on orders? Yes No

If YES please give further details (including % of final price and how long in advance of full payment):

State normal turnaround time from receipt of order to dispatch (in days) Days

If a service is being provided how long elapses between commencement and completion? Days

Are guarantees provided with good/services? Yes No

If YES please give further details (including length of guarantees and reinsurance of liability)

Is membership given to cardholders? Yes No

If YES please give further details (including length of membership)

What will be principal trading countries?

Will any third party be used to despatch the goods? (e.g. fulfilment house or manufacturer) Yes No

If YES please give further details

What method of delivery is used e.g.. Courier, registered post, receipted parcel post etc.?

Will any of your transactions be recurring transactions (RTs),? Yes No

e.g. Will your customer be charged monthly or quarterly

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State the company's policy concerning refunds on returned goods, and state number of days from receipt of returned goods to issue of refund

Please give details of where stocks are held and where they may be inspected (if applicable)

What is the average value of stock owned by you? (if applicable)

What terms do you normally purchase stock from suppliers e.g. Cash on Delivery etc. (if applicable)

Please provide Partners/Directors full names

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We authorise you to make any enquiry you may deem necessary in connection with this application and warrant that the information provided in this application is correct.

**For and on behalf of:**  
**(Name of company or firm)** \_\_\_\_\_

**Signature :** \_\_\_\_\_

**State capacity:** \_\_\_\_\_

The completion of this application does not imply acceptance by the Bank/Processor. No advertisements may carry any written narrative or illustration indicating the acceptance of any card which would be dependant upon and in anticipation of formal acceptance of this application, until the Bank/Processor conveys formal acceptance. It should be noted that the Bank/Processor will complete a full credit survey based on the information supplied with the application.

The Bank/Processor reserves the right at its absolute discretion and without incurring any liability to decline acceptance without having to give any reason for so declining.

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**The following information (translated into English if applicable) will be required to assess your application:**

1. Copy of the Company's Certificate of Incorporation.
2. Copy of a photographic form of I.D. for the principal of the business
3. Copy of a recent (less than 3 months old) utility bill or personal bank statement for in the name of principal of the business showing their home address.
4. If a licence is required to operate the business then a copy of that licence.
5. A Void Check/Cheque confirming a bank account in the name of the applicant business to which payment can be made
6. A fully complete Wire Instruction form (attached)
7. Copies of the last 2 years Audited Accounts or copies of management/draft accounts where previous year's audited accounts are not yet available (only where any part of the product or service is provided more than 30 days after the initial sale transaction or where average sale is greater than \$/£500)
8. Last 6 months card payment processor statements Showing ALL Sales, Refunds/Credits and Chargebacks.
9. Any brochures/information relating to your product(s)/service(s) which may be available to give additional background information in support of your application. This is mandatory if there is no website URL supplied.
10. Complete, sign and return your International Merchant Account Application by fax to 1-904-212-0556 or by email to sales@salemanager.com. Upon receipt, we will forward to the bank underwriters for processing.

**\*\* International Merchant Account Rates and Fees**

RATES AND FEES ARE DETERMINED ONCE THE MERCHANT ACCOUNT AQUIRER REVIEWS YOUR APPLICATION.

Merchant's will have the opportunity to accept or reject the offer!

# International Merchant Account Application

Business Name :

The Bank/Processor require the details of main directors (must include Managing and Financial Director) or main partners.

To judge your application, and when taking credit decisions, we use credit scoring methods and credit reference agencies. They will record enquiries about you.

If you do not make payment due as part of your contractual liability with the Bank/Processor Card Services in full and on time, we will tell credit reference agencies who will make a record of the outstanding debt. The Bank/Processor or any other lender may use the information provided to credit reference agencies if you, or other member of your household, apply for other facilities, and for occasional debt tracing and fraud prevention purposes. We may also pass information to financial and other organisations involved in fraud prevention to protect us and our customers from theft and fraud.

Full Name of Director/ Partner :

Date of birth :

Home Address :

Town/City :

Post Code :

How long have you lived at this address : \_\_\_\_\_ years \_\_\_\_\_ months

Signature (of above director/partner)

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If less than 3 years, please give previous address :-

Alternative Personal Address (where we may also be able to find a record of you for identification purposes):-

# WIRE INSTRUCTION FORM

## BANK ACCOUNT DETAILS

Account Number

Account Name

Account Currency

This is the account we will be sending funds from. Please complete a separate Wire Form for each account requiring wire transfers. Please note that each account supports exactly one currency, if you accept multiple currencies, then you have multiple merchant accounts, each of which may require a separate wire Instruction form.

## INTERMEDIARY BANK

If your bank tells you that an intermediary bank is required please complete the following section in its entirety for the intermediary bank

Bank Name

Bank Address

The intermediary bank is the bank we will be sending funds to, if your bank tells you that an intermediary bank is required. The intermediary bank will forward funds onward to the beneficiary bank for credit to the beneficiary.

Swift Code

Sort Code

## BENEFICIARY BANK

Please complete the following section in its entirety for the beneficiary bank

Bank Name

Bank Address

The beneficiary bank is normally the bank of the organisation or individual who uses the merchant account. It is the bank where the beneficiary's account is held. In cases where no intermediary bank is required, this is where we will be sending the funds.

IBAN Code

Swift Code

Sort Code

## BENEFICIARY

Please complete the following section in its entirety for the beneficiary.

Beneficiary Name

Beneficiary Address

The beneficiary must be the organisation or individual who is authorised to use the merchant account.

## DECLARATION

I declare my authority to provide these instructions, and I certify their accuracy.

Signed: \_\_\_\_\_

Name:

Business Name: