



Merchant Pre-Qualification Form

Partner Name
 Received By

Sales Agent
 Date

Merchant Legal Name
 Merchant DBA Name
 Merchant Address
 City, State, Zip
 State/Country of Inc. Incorporate if Req Yes No

Description of Business
 Merchant URL(s)
 Test Username Test Password
 Current Bank Reason to Change
 Monthly Sales Monthly CR Rate
 Monthly Trans Monthly CB Rate
 Current Descriptor
 CS Phone Number MCC Code
 Service Types Gateway Acquiring Fraud Control
 Min 6 Mo of Statements Yes No Years in Business

Attach merchant statements or complete the following information

	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago	6 Months Ago
Sales	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CB's	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credits	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Primary Contact
 Contact Telephone
 Owner Name
 Owner Address
 Owner Telephone

Contact e-Mail
 City/State/Zip
 Owner e-Mail

Please e-mail forms to: apps@payprin.com

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