



NTC New Merchant Application Check List
Front Cover Sheet

Business (DBA): _____

Rep Name: _____

Rep Number: _____

CHECKLIST

(All listed documents must be enclosed in application package, unless otherwise indicated)

- NTC Application Page (1)
- Signed Legal Page – Elavon MPA with Elavon Sales Worksheet Signed by Rep (2)
- Voided Check, Bank Letter or Starter Check
- Driver License, State ID or Passport
- Marketing Material / Proof of Existence
- 3 months of Processing Statements (if they are currently processing)
- Mo/To - Internet Addendum (if Mo/To, Electronic Invoicing, or E-Commerce Account)
- List of All Countries that Merchant does Business with or if Travel, provides Travel too.
- Electronic Invoicing Requirement Checklist (if using Electronic Invoicing ONLY)
- Internet Requirement Checklist (if E-Commerce Account)
- Financials (if applicable)

Financials are required for applications with a requested monthly volume of 25K for Mo/To or 50K for retail swipe or more.

Acceptable Financials include:

Business Financials

3rd Party Prepared Financials – Profit & Loss, Income Stmt, and Balance Sheet w/ accountant letter.

3rd Party Prepared Tax Returns for most recent tax year.

In House Financials for current year - Profit & Loss, Income Stmt, and Balance Sheet.

Personal Financials

Brokerage Statements – Most recent statement period - ALL PAGES.

Money Market Accounts – Last 3 months – ALL PAGES.

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www.nationaltransaction.com

Date _____ Rep Name _____ Rep # _____



Business Name (DBA): _____ Bus. Phone: _____

Corporate Name: _____ Bus. Fax: _____

Address: _____ City/State/Zip: _____

Mailing Address: _____

Contact Name: First: _____ Last: _____

Ownership Information: (If a 2nd owner or cosigner is needed please attach additional information on a separate page)

Principle Owner/Officer/Partner/Manager/Member: % Ownership: _____

Name: _____ SSN: _____

Title: _____ Birth date: _____

Home Address: _____

City/State/Zip: _____ Home Phone: _____

Business Information:

Date Established: _____ Length of Current Ownership: YEARS _____ MONTHS _____

Prior Experience in this Business: Y/N If yes, how many years? _____

Services/Products: _____

Business Structure: (Please Circle ONE) C-Corp. S-Corp. Sole Prop. LLC (D, C, P, S) Partnership

Federal Tax ID: _____ Customer Service Phone: _____

Card Acceptance Method (Must Equal 100%): (E commerce/Internet must be 100% or 0%)

Card Pres(Retail Swipe): _____ Card Pres/No Swipe: _____ MO/TO(Card Not Pres/Keyed): _____ E Commerce: _____

E-Mail: _____ Website Address: _____

Avg. Credit Card Ticket: \$ _____ Avg. Monthly Volume \$ _____ Annual Volume\$ _____

Delayed Delivery Yes / No

Time frames _____ (30/60/90 days from the time the 1st payment is accepted until the services/travel is executed)

When is deposit due? _____ Avg. Deposit Amt _____ When is Final Pmt due _____ Avg. Final Pmt Amt _____

Currently accepting CC: **Yes / No** If yes, 3 months of statements are required with application.

Site Survey Location: (Please Circle) Retail Location Office Building Residence

Programming Instructions: Terminal Type/Gateway Solution (ex: ICT250 / Converge / Auth.net)

Equipment Type: _____

Discount Rates: Interchange or Tiered (Visa, MC and Disc are included with the merchant account)

IDA + _____ + _____ Per Item Authorization Fee: _____ or

TIERED PRICING: DEBIT/CHECKCARD _____% QUALIFIED _____% REWARDS _____%

MID QUAL _____% + .10 P/I COMM CARDS _____% + .10 P/I NON QUAL _____% + .10 P/I STANDARD _____% + .10 P/I

AUTH FEE \$ _____ STMT FEE **\$ 10.00** PCI MONTHLY **\$ 7.50** CONVERGE MONTHLY FEE **\$ 10.00 (If Applicable)**

MONTHLY MIN \$ _____ **OTHER FEE:** _____

AMEX: Yes / No If Travel and requesting Amex Opt Blue Set up, please provide IATA/CLIA# _____

If Yes: Existing SE#: _____ or AMEX Opt Blue Rates: Q _____% + .10 NQ _____% + .10 Standard _____% + .10

Card Association Fees (ex: Foreign/Cross Border Fees) are passed through. Owner Initials & Date _____

**MAIL ORDER, TELEPHONE ORDER, INTERNET, FUTURE DELIVERY
ADDENDUM TO MERCHANT APPLICATION**

If type of business is *any percentage* of Card Not Present (Mail Order, Telephone Order, Internet) or Future Delivery of 3 days or more, the following information must be submitted with the Merchant Processing Application to the New Accounts Department for underwriting and application processing:

1. Type of merchant (Check Applicable Boxes):
 Internet Mail Order/Telephone Order
 Future Delivery
2. Please provide details for type and/or range of products/services sold to clarify information on the merchant application form. _____

3. What is the time period for delivery of the product/service?
 Within 48 hours Within 2-3 days Within 1 week
 Within 2-4 weeks Other _____
4. Please explain whose card is being charged for the average ticket amount documented on the merchant application form. _____

5. Please explain how/when you charge for goods/services (relative to order/pick/pack/ship)/ Please provide details about duration and frequency of charge(s) _____

6. Are orders received and processed at your business location? _____
Who provides order fulfillment services? _____
7. Who owns the inventory of goods? _____
Where is your inventory stocked? _____
8. Please describe merchant's approach to customer satisfaction including refund policy (how customers contact the merchant for service, and how service is provided) _____

9. Is refund policy clearly posted on website/documented? _____
Does the customer sign a contract specifying terms and condition? Please explain _____

Please provide a copy of the refund policy if not already included in application package
Web Page Address(s): WWW. _____
WWW. _____
10. Server site location address(s): _____
