



614.228.8852 Ph

Merchant Pre-Qualification & Administration Form

ALL FIELDS MUST BE COMPLETED-Be sure to include the last FOUR Credit Card Settlement Statements

FAX BACK TO: 1-614-340-7243

Business Legal Name:			Business DBA Name:				Federal ID #:			
Type of Business Entity (Check One)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Sole Proprietor				
Does the Merchant have any other businesses with current AdvanceMe contracts? <u>Check one</u>			<input type="checkbox"/> YES	<input type="checkbox"/> NO	State of Incorporation:			Use of Proceeds:		
Physical Street Address				City:		State:		Zip Code:		
Billing Street Address (If different than above)				Billing City:						
Physical Location Phone #:		Preferred Contact Phone #:			Preferred Fax #:					
Industry Type: (SIC Code or Description)			Gross Annual Sales (Previous year's Tax return):		Date the Business first processed Credit Cards under current Ownership:					
Owner/Officer			Primary Contact <input type="checkbox"/>		Job Title:		Ownership: %			
Name:	SS#:	E-mail address:			Date of Birth:		Home Phone:			
Street Address:				City:		State:		Zip Code:		
*****IMPORTANT*****										
Visa/MasterCard: Card Swipe % Manually Keyed % Phone/Mail Order % Internet % Total (100%)										
Average Ticket:	Total GrossMonthly Volume:		V/MC Monthly Volume:		Annual V/MC Sales:			# of CC Terminals:		
Trade Ref. #1 – Co. Name:			Contact Name:		Phone #:		Fax #:			
Trade Ref. #2 – Co. Name:			Contact Name:		Phone #:		Fax #:			
Trade Ref. #3 – Co. Name:			Contact Name:		Phone #:		Fax #:			
<input type="checkbox"/> LEASE or <input type="checkbox"/> OWN (Check One)			Lease Start Date:		Lease Term:		Mthly Rent Amt: \$			
Landlord/Mtg. Company:			Contact Name:		Phone #:		Fax #:			
Bank Name:			Phone #:	City:		State:	Zip Code:			

The above listed Merchant and Owner(s) / Officer(s) (collectively hereafter "Applicants") represent that the information contained on this Contract Application Form and the credit card processor statements provided to CLS are true and correct, and Applicants will immediately notify CLS of any financial change in said Merchant. Applicants hereby authorize CLS or any assignees to obtain on any of the Applicants any investigative reports, credit reports (Business and Personal), statements from creditors or financial institutions, verification of information provided by any of the Applicants, or any other information that CLS deems necessary. Applicants hereby authorize the release by any creditor or financial institution to CLS of any information relating to any of the Applicants. Applicants waive and release any claims against CLS or any creditor or financial institution arising from any act or omission relating to the obtaining or release of information sought by CLS. **Applicants agree that any pre-qualified offers made by or on behalf of CLS are confidential and may not be disclosed to third parties (other than to Applicants' legal or financial advisors or as required by law), except at CLS's express, written direction.**

Owner / Officer's Name: (Print)		
Owner / Officer's Signature:	X	Date: