



New Merchant Account Requirements

Low Risk Account Requirements:

- EIN/Tax ID Letter
- Driver License of Signer
- Voided Check or Bank Letter
- Volume of sales, monthly, yearly, average ticket
- 4 months of Current Processing and Banking Statements (If available)

Mid Risk to High Risk Account Requirements: *All the previous requirements plus the following things*

- Business License or Licenses
- 6 months of Current Processing Statements {If applicable}
- 6 months of Bank Statements
- Marketing Materials (things you use to advertise your business)
- If E commerce, a working website
- Financials: P & L, balance sheets or 2 years of business tax

Everything on this list is required unless indicated as {If applicable}

If anything, else is needed, we'll let you know!

305-222-1960



Contact@MGMerchantServices.com



www.MGMerchantServices.com



7951 SW 40th ST Suite 200

Miami, FL 33155



Business Information

Legal Name of Business _____ DBA Name _____ Business Address _____ City _____ State _____ Zip _____ Mailing Address (If different from Business Address) _____ City _____ State _____ Zip _____ Contact Name and Title _____ Phone _____ Fax _____ Email Address _____ Website Address _____ Do you use any third party to store, process or transmit cardholder data? <input type="checkbox"/> Yes <input type="checkbox"/> No	Open Date _____ Filing State _____ Type of Business _____ Types of goods or services sold _____ Have you ever accepted credit cards? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach previous processing statements) Name of Processor _____ Current length of ownership _____ # of Locations _____ <table border="0" style="width:100%"> <tr> <td style="width:33%">Monthly Volume</td> <td style="width:33%">Average Ticket</td> <td style="width:33%">High Ticket</td> </tr> <tr> <td>Swiped _____</td> <td>Face to Face _____</td> <td>_____</td> </tr> <tr> <td>Keyed w/imprint _____</td> <td>MOTO _____</td> <td>_____</td> </tr> <tr> <td>Keyed w/out imprint _____</td> <td>Internet _____</td> <td>_____</td> </tr> <tr> <td>Total _____</td> <td>100% Total _____</td> <td>100% _____</td> </tr> </table> Products/Service are delivered within how many days? <input type="checkbox"/> 0-7 <input type="checkbox"/> 8-14 <input type="checkbox"/> 15-30 <input type="checkbox"/> over 30 Have you ever had a bankcard relationship terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list reason: _____ Date of Termination: _____ Seasonal Sales: <input type="checkbox"/> Yes <input type="checkbox"/> No High-Volume Months _____	Monthly Volume	Average Ticket	High Ticket	Swiped _____	Face to Face _____	_____	Keyed w/imprint _____	MOTO _____	_____	Keyed w/out imprint _____	Internet _____	_____	Total _____	100% Total _____	100% _____
Monthly Volume	Average Ticket	High Ticket														
Swiped _____	Face to Face _____	_____														
Keyed w/imprint _____	MOTO _____	_____														
Keyed w/out imprint _____	Internet _____	_____														
Total _____	100% Total _____	100% _____														

Owners / Officers Information

Sole Proprietor
 LLC
 Partnership
 LP
 Corporation
 Other: _____

Name (as it appears on your income tax return) _____ FEDERAL TAX ID # (as it appears on your income tax return) _____
 I certify that I am a foreign entity/nonresident alien. (If checked, please attach IRS Form W-8.)

NOTE: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations. (See Part IV, Section A.4 of your Program Guide for further information.)

Owner / Officer # 1

Name _____	Title _____	Social Security _____	Date of Birth _____	% of Ownership _____
Residence Address _____	City _____ State _____ Zip _____	Cell Phone _____		

Owner / Officer # 2

Name _____	Title _____	Social Security _____	Date of Birth _____	% of Ownership _____
Residence Address _____	City _____ State _____ Zip _____	Cell Phone _____		

Bank Account Information

Bank and Branch Name: _____	Bank Contact: _____
Phone _____ Routing # _____	Account # _____ Date Opened Acct. _____

Pricing Information

<input type="checkbox"/> Interchange Plus _____ %	<input type="checkbox"/> Tiered Pricing _____ %	<input type="checkbox"/> Flat Rate _____ %	<input type="checkbox"/> Pin Debit _____ %	<input type="checkbox"/> EBT _____ %	<input type="checkbox"/> Risk Percentage _____ %	<input type="checkbox"/> Gateway _____ %
Qualified \$ _____	Mid-Qualified \$ _____	Non-Qualified \$ _____	Authorization Fee \$ _____	Debit Authorization Fee \$ _____	Monthly Debit Fee \$ _____	
Batch Fee \$ _____	EBT Authorization Fee \$ _____	Gateway Set-up Fee \$ _____	Monthly Gateway Fee \$ _____	Gateway Auth. Fee \$ _____	Gateway Batch Fee \$ _____	
Chargeback Fee _____	Retrieval Fee _____	Minimum Processing Fee _____	Statement Fee _____	PCI Monthly Fee _____	Service Fee _____	

Equipment / Gateway / Programing Information

Terminal
 Gateway
 Other _____
 Name of Equipment / Gateway / Other _____

Retail
 Restaurant
 Tip
 Server ID
 Tax
 Auto Close _____
 Dial Connection
 IP Connection
 Wireless Communication

Signature _____ Name _____ Title _____ Date _____

By signing above, you agree the pricing set forth in this application as well as guaranty that the information provided is valid and truthful.