



IntegraPay



Application Form

Check List

If the IntegraPay Application Form is not fully completed or the requested support documentation not supplied, it will cause delays in processing your application.

- Provide IRS form SS-4 verifying EIN #, business name and address of legal address. Not applicable for Sole Proprietor
- A valid photo ID. Must be legible in color
- Provide a copy of a pre-printed check (voided) OR Bank Letter (must be on Bank Letter head, include account name, routing # and account # and be signed by Bank Representative)
- Last 3 months merchant statements if already accepting ACH/Card payments
- If average ACH/CC ticket is over \$3500, include the last 3 months of bank statements
(If processing payments of \$10,000 and above, please provide previous invoice examples)
Please Note: Additional information may be required based off an underwriting or risk review

Please carefully complete the enclosed Application and read the attached Terms and Conditions and other additional forms, as applicable to you, which together make up the Merchant Processing Agreement. **Keep a Copy of the entire Application and the Terms and Conditions for your records.** IntegraPay's acceptance of this Application will be made in a manner authorized in the attached Agreements.

Application Process

Forward the completed Application Form and other requested documentation directly to your sales person or to IntegraPay via one of the options below:

Email support@integrapay.com

Drop Box email a request for file sharing facility and an invitation will be forwarded to you.

If your IntegraPay Application is not fully completed or required documentation is not provided, there may be processing delays.

Business Information

Please ensure you complete all sections or your implementation may be delayed.

Full Legal Name: (including Trustee if applicable)

EIN: -

DBA / Trade Name:

Type of Business Private Corp. Public Corp. Government (Federal/state/local) Medical / Legal Sole Proprietor
 Partnership Limited Liability Co. Associations / Estates & Trusts Tax-Exempt Org. (501C)

Registered Busn. Address:

City: State: Zip:

Mailing Address (if different)

City: State: Zip:

Phone: Fax:

Business Web Site: www.

Support Email:

Location / Site Address:

City: State: Zip:

Merchant Information

Date Business was established: Length of time in Business:

Have you received complaints from the Better Business Bureau, Attorney General or similar organization? YES NO
If yes – Please attach a full explanation including copies of complaints and dates and dispositions of all complaints

Description of Business including items sold, services provided:

Company Contact

Full Name: Cell #

Email:

Trade References | Two references required

Business Name:	<input type="text"/>	Business Name:	<input type="text"/>
Business Type:	<input type="text"/>	Business Type:	<input type="text"/>
Contact Name:	<input type="text"/>	Contact Name:	<input type="text"/>
Contact Phone:	<input type="text"/>	Contact Phone:	<input type="text"/>

Bank Information | Where funds are to be credited and fees debited

Financial Institution: Branch:

Account Name:

Routing No: Account Number:

Provide a copy of a Bank Statement or Voided Check OR Bank Letter (must be on Bank Letter head, include account name, routing # and account # and be signed by Bank Representative)



Transaction Information | Requested Transaction Volumes

Credit/Debit Cards

Average MONTHLY Volume: \$

Average Ticket: \$

Low Ticket: \$

High Ticket: \$

Are you currently processing **Card** payments? Yes No
(If Yes, attach last 3 Processor's Statements)

Name of Processor:

Have you ever had a bankcard relationship terminated? Yes No (If Yes, attach explanation)

ACH

\$

\$

\$

\$

Are you currently processing **ACH** payments? Yes No
(If Yes, attach last 3 Processor's Statements)

Name of Processor:

Have you ever had an ACH relationship terminated? Yes No (If Yes, attach explanation)

Transaction Types

Card Present	Card Not Present	Card Swipe	Imprint (Manually Keyed)	Moto	Internet	B2B	International Cards	ACH
%	%	%	%	%	%	%	%	%

Refund Policy (Check one)

No Refund Refund in 30 days or less Merchandise exchange only Other

Card Schedule of Fees

Processing Fees

Transaction Fee Per transaction | Visa / MasterCard / Discover Calculated on value of transaction | Amex Calculated on value of transaction

Gateway Fees

Transaction Fee Per transaction | Monthly Charged per Month

ACH Schedule of Fees

Processing Fees

Transaction Fee Per transaction | Rejection Fee Charged per failed transaction | Monthly Fee Charged per calendar month

Chargeback Charged per occurrence | Unauthorized ACH Transaction Charged per occurrence

Ownership Information

Name of Principals (All information is necessary unless the company is a public or 501(c) Corporation)

1st Principal / Owner

Full Name Date of Birth:

Residential Address

City: State: Zip:

Email: Cell:

Position / Title: % Ownership: SSN: DL#: State:

2nd Principal / Owner

Full Name Date of Birth:

Residential Address

City: State: Zip:

Email: Cell:

Position / Title: % Ownership: SSN: DL#: State:

NOTE: if there are more than 2 owners (Shareholders) of the business, please complete an additional attachment for each owner if the ownership is 25% or more of the business.

Acceptance

Yes, I have read and understood everything in this Application Form and confirm my/our acceptance of the supplied Terms of Service.

Date: Executed by Applicant on behalf of

Signature

Full Name

Office Held (Director, Company Secretary)

Signature

Full Name

Office Held (Director, Company Secretary)