

Business Legal Name: _____

Business DBA Name: _____

 Type of Business Entity (Check One)
 Corporation
 Limited Liability Company
 Partnership
 Limited Partnership
 Limited Liability Partnership
 Sole Proprietor

 Does the Merchant have any other businesses with current AdvanceMe contracts? Circle one
 YES NO
 State of Incorporation: _____
 Use of Proceeds: _____

Physical Street Address: _____
 City: _____
 State: _____
 Zip Code: _____

Billing Street Address (If different than above): _____
 City: _____
 State: _____
 Zip Code: _____

Physical Location Phone #: _____
 Preferred Contact Phone #: _____
 Preferred Fax #: _____

Industry Type: (SIC Code or Description) _____
 Gross Annual Sales (All revenue: As shown on previous year Tax return): _____
 Date the Business first processed Credit Cards under current Ownership: _____

 Owner/Officer
 Primary Contact
 Job Title: _____
 Ownership: _____ %

Name: _____
 SS#: _____
 E-mail address: _____
 Date of Birth: _____
 Home Phone: _____

Street Address: _____
 City: _____
 State: _____
 Zip Code: _____

Visa/MasterCard: Card Swipe
 % Manually Keyed
 % Phone/Mail Order
 % Internet
 % Total (100%)

Average Ticket: _____
 Total Gross Monthly Volume: _____
 V/MC Monthly Volume: _____
 Annual V/MC Sales: _____
 # of CC Terminals: _____

Check Card Program
 Discover
 YES NO
 Existing Account # _____
 Terminal Make & Model _____

Gift Card Program
 American Express
 YES NO
 Existing Account # _____
 Printer Make & Model _____

Debit
 Diners Club/Carte Blanche
 YES NO
 Existing Account # _____
 Software Type/POS System – Contact Name & Phone _____

Pin Pad Type
 JCB
 YES NO
 Existing Account # _____

Terminal Hardware/Software Comments: _____
 Merchant Return Policy: _____

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 #: _____

LEASE or OWN (Circle 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 AMI are true and correct, and Applicants will immediately notify AMI of any financial change in said Merchant. Applicants hereby authorize AMI 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 AMI deems necessary. Applicants hereby authorize the release by any creditor or financial institution to AMI of any information relating to any of the Applicants. Applicants waive and release any claims against AMI or any creditor or financial institution arising from any act or omission relating to the obtaining or release of information sought by AMI. **Applicants agree that any pre-qualified offers made by or on behalf of AMI 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 AMI's express, written direction.**

Owner / Officer's Name: _____

Owner / Officer's Signature: _____
 Date: _____

Sales Information (To be completed by Sales Representative)

Source: _____
 Sales Rep #: _____
 Sales Representative: _____
 Preferred Credit Card Processor: _____

Required Information: (Please fill out all fields & rank the following, with 1 being the most important & 4 being the least)

___ Funding Size / Purchase Price \$ _____
 ___ RTR Ratio _____ (Will be matched to RBP grids)

___ Retrieval Rate Range _____ % (Adhering to guidelines of gross sales)
 ___ Other _____

 Does the merchant have an outstanding balance with another company that purchases future card receivables? Circle one
 YES NO

If yes, with which company? _____
 If yes, what is their outstanding balance? \$ _____

Sales Representative agrees that any pre-qualified offers made by or on behalf of AMI 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 AMI's express, written direction.

Sales Representative's Signature: _____
 Date: _____