



**APPLICATION FOR A MERCHANT ACCOUNT**  
**For the Acceptance Of American Express and Discover Cards**

Application Date:	Organization:	Group:	Currency: <input type="checkbox"/> US\$ <input type="checkbox"/> BZ\$
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**MERCHANT INFORMATION (Please print clearly and use blue or blank ink)**

Legal Name of Business:		DBA (Doing Business As):	
Street Address (Physical address - No P.O. Boxes):	City:	Country/State	ZIP:
Mailing Address (If different from Street Address):	City:	Country/State	ZIP:
Telephone No: (     ) -	Business Fax No: (     ) -	Business Email:	Age of Business: Yrs.            Mos.
Authorized Business Representative:	Representative E-Mail:	Merchant Customer Fax:	Merchant Customer Service Telephone No.: (     ) -

**OWNERSHIP (51% ownership for a corporation, 100% ownership for a partnership or proprietorship, must be accounted for on the application)**

Sole Proprietorship                       Partnership                       Limited Liability Company

<b>Principal's Name:</b>	Ownership %:	Title:
Date of Birth (mm/dd/yy) (Required): /    /	Social Security No. (Required):	
Driver's License No. (Required):	District/Expiration Date (Required):	
Street Address (Physical address-No P.O. boxes):	City:	State            ZIP:
Home No.: (     ) -		

<b>Second Principal's Name:</b>	Ownership %:	Title:
Date of Birth (mm/dd/yy) (Required): /    /	Social Security No. (Required):	
Driver's License No. (Required):	District/Expiration Date (Required):	
Street Address (Physical address-No P.O. boxes):	City:	State            ZIP:
Home No.: (     ) -		

**BANK INFORMATION:**

**DIRECT DEPOSIT ACCOUNT (DDA)**

Bank Name:	Account No.	Telephone No. (     ) -	Contact:
Date Opened:	Present Balance:	Average Balance:	Line of Credit:
How long has the Principal/Business been know to Branch? Years: _____ Months: _____		Financial Statements Attached:	

BUSINESS INFORMATION			
Type of Business / Product / Services Sold:		Target Market:	
Business in Existence Since:	Years at this Location:	If New, Expected Start Date:	
High Ticket: (Estimate if new business)	Monthly Bank Card Sale: (All card types)	No. of Transactions per month:	Average \$ Credit Card Transaction:
% Swipe: _____		% Manually Entered: _____ (These 2 must equal 100%)	
MARKETING METHOD			
<b>Marketing Method (Enter all that apply; must equal 100%)</b>			
Storefront Retail _____ %	Trade Show Retail _____ %	Internet _____ %	Other _____ %
Service Retail _____ %	Telephone Order _____ %	Mail Order _____ %	
MERCHANT APPLICATION REFERENCES			
Bank Reference Name:	Contact:	Phone Number:	Account #:
Bank Reference Name:	Contact:	Phone Number:	Account #:
CURRENT OR PREVIOUS PROCESSOR (MasterCard/Visa sales) (If yes, attach a previous processor's statement)			
Are you now processing or have you ever processed MasterCard/Visa?		Yes _____	No _____
Name of Processor _____			
Have you ever had a bankcard relationship terminated? (If yes, attach explanation)		Yes _____	No _____
SITE SURVEY			
Advertising Name Displayed		External Facility Description (#of Floors)	
Location: Mall <input type="checkbox"/>	Shopping Area <input type="checkbox"/>	Isolated <input type="checkbox"/>	Office <input type="checkbox"/>
Apartment <input type="checkbox"/>	Home <input type="checkbox"/>	Other <input type="checkbox"/>	MCC Code: _____
Merchant: Owns <input type="checkbox"/>	Leases <input type="checkbox"/>	If lease landlord name and phone #:	High Volume Months:
Proper License Visible		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Have you confirmed the identity of the person who signed the contract?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Merchant appears to be conducting business as represented in the application.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Merchant is adequately staffed and stocked to do business.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you taken pictures of the inside and the outside of the premises or provided a site survey substitute?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seasonal Sales		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:			
Site Visitation:			
Person/authorized company performing site visitation: _____		Visitation Date: _____	
Important: I estimate that _____% of the Card transactions that will be accepted by the business listed on this application will be card present (either swiped through a credit card terminal or manually imprinted on a credit card sales draft) and _____% will be card not present (either telephone or mail orders).			

**AUTHORIZATION**

The undersigned is/are duly authorized to sign on behalf of the Merchant, and to bind the Merchant to the terms and conditions set forth in this Merchant Application & Merchant Agreement (together the "Agreements"), which Merchant acknowledges are a part hereof, are incorporated by reference herein, and are expressly acknowledged and agreed to by the Merchant. The Merchant warrants and confirms that all information provided in this Agreement and any other documents submitted in connection therewith are true, correct and complete. The undersigned on behalf of the Merchant, hereby authorize(s) Credomatic International Corporation ("CREDOMATIC"), and The Belize Bank Limited ("BANK" or "the BANK") to obtain any information they may require relative to this application from any source to which they may apply and each source is hereby authorized to provide them with such information. CREDOMATIC and the BANK are also authorized to retain the application whether or not the relative merchant account is approved.

I/we understand that CREDOMATIC and the BANK may from time to time give any credit and other information about me/us, including information on this form to any bank, reporting agency, person with whom I/we may have or propose to have financial dealings.

Merchant acknowledges reading and understanding the entire Merchant Agreement along with Card Processing Instructions.

----- X -----  
Print Name of Principal or Corporate Officer                      Title                      Signature                      Date

----- X -----  
Print Name of Principal or Corporate Officer                      Title                      Signature                      Date

**Name (Print) and Signature of Agent/Sales Representative (Acknowledgement of completion of this agreement)**

----- Date -----

**CREDOMATIC**

**The Belize Bank Limited**

Approved

Declined

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Authorized Officer (Name and Title)

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Authorized Bank Officer (Name and Title)

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Signature of Authorized Officer

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Signature of Authorized Bank Officer

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Date Signed

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Date Signed