

MERCHANT ACCOUNT APPLICATION

Application Date:	Organization:	Group:	Currency:
-------------------	---------------	--------	-----------

MERCHANT INFORMATION (Please print)

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 above)		City:	Country/State ZIP:
Telephone No:	Contact Name:	Business E-mail:	Age of Business: Yrs. Mos.
Authorized Business Representative	Representative E-mail:	Secondary Contact:	Secondary Contact Tel No:

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

<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Partnership		<input type="checkbox"/> Limited Liability Company	
Principal's Name:			Second Principal's Name		
Ownership %	Title:	Ownership %	Title		
Date of Birth	Social Security No.	Date of Birth:	Social Security No.		
Driver's License No.	District/Expiration Date:	Driver's License No.	District/Expiration Date:		
Address (Physical Address - Street Name and City)			Address (Physical Address - Street Name and City)		
State/ ZIP	Mobile No:	State/ZIP	Mobile No:		

BANK INFORMATION

DIRECT DEPOSIT ACCOUNT (DDA)		BUSINESS INFORMATION	
Bank Name:	Telephone No.	Type of Business/Product Services Sold:	
Account No.	Contact:	Target Market	Business In Existence Since:
Date Opened:	Present Balance:	Years at this location:	If new, expected start date:
Average Balance:	Other BBL Facilities:	High Ticket: (Estimate if new Business)	Monthly Bank Card Sale: (All card Types)
Length of Years Principal/Business been known to Branch?		No. of transactions per month:	Average\$ Credit Card Transactions
Annual Projected Volumes:		% Swipe: (Both must total 100%)	% Manually Entered

MARKETING METHOD (Enter all that apply; must equal to 100%)

Storefront Retail _____	Trade Show Retail _____	Internet _____
Service Retail _____	Telephone Order _____	Mail Order _____
Other _____	Other _____	Other _____

MERCHANT APPLICATION REFERENCES

Bank Reference Name:	Contact:	Phone Number:	Account Number:
Bank Reference Name:	Contact:	Phone Number:	Account Number:

CURRENT OR PREVIOUS PROCESSOR

Are you now processing or have you ever processed MasterCard/Visa? If yes, kindly provide name of processor.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever had a bankcard relationship terminated? If yes, kindly provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SITE SURVEY

Advertising Name Displayed	External Facility Description (# of Floors)
----------------------------	---

Location Mall Shopping Area Isolated Office Apartment Home Other

MCC Code:	Merchant: <input type="checkbox"/> Owns <input type="checkbox"/> Leases	If lease, landlord name and phone #:	High Volume Months:
-----------	---	--------------------------------------	---------------------

Proper License Visible: Yes No N/A

Have you confirmed the identity of the person who signed the contract? Yes No

Merchant appears to be conducting business as represented in the application? Yes No

Merchant is adequately staffed and stocked to do business. Yes No

Have you taken pictures of the inside and outside of the premises or provided a site survey substitute? Yes No

Seasonal Sales Yes No

COMMENTS:

Site Visitation:
 Person/Authorised 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 (Acknowledging completion of this agreement)

_____ Date _____

CREDOMATIC

Approved Declined

The Belize Bank Limited

Authorized Officer (Name and Title)

Authorized Bank Officer (Name and Title)

Signature of Authorized Officer

Signature of Authorized Bank Officer

Date Signed

Date Signed



AUTHORIZATION

I/we warrant and confirm that the information given herein is true and correct. You are authorized to obtain any information you may require relative to this application from any source to which you may apply and each source is hereby authorized to provide you with such information. You are also authorized to retain the application whether or not the relative merchant account is approved.

I/we understand that 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.

The undersigned is authorized to act on behalf of the merchant ("Merchant"). Merchant accepts the terms and conditions of the Merchant Agreement. 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

OFFICIAL USE ONLY

Name (Print) and Signature of Bank Representative (Acknowledging completion of this agreement)

		X	
Print Name of Bank Representative	Title	Signature	Date

Approved Declined

Manager's Name and Signature

Date