



1. Completely fill out the application and email or fax to +1 (435) 514-6675.
  - a. Sign pages 3.
  - b. Send a Passport copy or other photo ID (passport preferred)
  - c. Send one other form of ID
  
2. We will then perform our due diligence and risk model on your businesses.
  
3. Within 3 business days we will email back to you page 5 of your application with your Merchant Discount Rate that we will be charging you along with your system login details.

Please note that we do not accept gambling accounts of any kind. Applications for gambling will not even be considered.



**Merchant Services Application**

Legal Business Name :							
Company / DBA / Trading Name:							
Tax ID Number:							
Type of Company: (sole proprietorship, not for profit, partnership, public, etc)							
Date business established (MM/YY)							
Phone Number where we can reach you:							
Mailing address (street, city, state, country and postcode):							
Describe your product or service that we will be processing for:							
If your business offers a service, will there be recurring billing? If yes, will it be weekly, monthly, quarterly, yearly?							
Do you use telemarketing to contact potential customers?							
Do you use mass e-mails to contact potential customers?							
Web site addresses that you market through (list all that we will process for, attach separate sheet if necessary):	<table border="0"> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	_____	_____	_____	_____	_____	_____
_____	_____						
_____	_____						
_____	_____						
What phone number can we give customers to call with questions?							
How many days is it between order date and shipment date?	Number of days: _____						
How do you ship the majority of your product orders? (circle one)	Overnight 2-3 day air Ground						
What shipping service do you typically use? (circle one)	UPS FedEx Postal Service						

	Other: _____
Do you use a fulfillment house to take your orders or ship products? (circle one)	YES                      NO
What is the AVERAGE number of days until product delivery to your customers?	
Total estimated card sales per month:	
Who was/is your current/last processor(s):	
Time with current Processor (years):	
Have you ever been placed on the MATCH list by a previous provider?	
Why are you looking to switch processors?	
Highest transaction amount:	
<b>Monthly chargebacks:</b>	<b>Number:</b> _____ <b>US\$:</b> _____
Owner Name:	
Citizen of what country(s):	
Resident of what country(s):	
Social Security Number (if USA):	
Drivers License Number with country/state:	
Passport Number:	
Country:	
Mobile Number:	
Email address:	

<b>Technical Contact Name:</b>	
Technical Email Address:	
Phone (preferably toll free):	

<b>Customer Service Contact Name (if any):</b>	
Email Address:	

Customer support phone number:	
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**This is where we will have customers contact you when they have questions.**

<b>Wiring Information - Bank name:</b>	
Bank address:	
Routing or swift number:	
Business checking account number for merchant card deposits:	
Name on your account:	
Address on your account:	

IMPORTANT NOTICE: All information contained in this application has been completed or supplied by all contracting parties. Merchant accepts all contractual aspects of the Agreement. Merchant understands that this Agreement shall not take effect until accepted and signed by Parallel Solutions. The Undersigned authorizes Parallel Solutions to obtain credit and reference information, as it may require and deem appropriate, concerning the statements made within this Application, and agrees that this Application shall remain Parallel Solutions property, whether approved or not. By signing below I certify all information is true and correct and that I am personally guaranteeing all obligations set forth in this agreement. Merchant's signature acknowledges the receipt of the Terms and Conditions, and agrees to those terms, conditions, rules, regulations, and operating guidelines.

I/We hereby authorize Parallel Solutions to conduct various background checks including but not limited to the activities of the company, its principle shareholders and officers from any source as Parallel Solutions deems necessary or advisable. This authorization includes but is not limited to reports and/or information obtained from law enforcement, governmental agencies, criminal and/or civil databases and other sources of information both locally and internationally. I/We accept that Parallel Solutions reserves the sole and exclusive right to decline our application regardless of the outcome of the background checks. I/We hereby release Parallel Solutions from any liability arising from conducting and obtaining information from the investigations.

I/We hereby confirm that all information provided to Parallel Solutions is truthful and I have not attempted to withhold any information that could be material in the decision making process of Parallel Solutions.

I/We accept that filling out this application does not guarantee acceptance into Parallel Solutions merchant portfolio and further accept that Parallel Solutions reserves the sole and exclusive right to decline our application.

**SIGNED:**

MERCHANT NAME: \_\_\_\_\_

BY: \_\_\_\_\_ DATED: \_\_\_\_\_

**Merchant Signature (Authorized person, Owner or Principal)**