

Please fax or email the following to  
**305-869-9017** or **boarding@prospay.us**  
 Signed and Completed Application  
 Last 3 Bank Statements  
 Last 3 Processing Statements



**MERCHANT PRE-QUALIFICATION APPLICATION**

**A. BUSINESS INFORMATION**

Legal/Corporate Name:		DBA:	
Physical Address:		City:	State: Zip:
Business Telephone:		Fax#:	Federal Tax ID:
Contact Person:	Email Address:		Website:
Industry Type: (SIC Code or Description)		Business Start Date Under Current Ownership:	# of Locations: Years at Location:
Type of Business Entity ( check one)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Sole Proprietor

**B. OWNERSHIP**

Name:		Home Phone:	Cell Phone:
Home Address:		City:	State Zip:
Date of Birth:	SS#:	Driver's License #	% Ownership Company: Title:
Name:		Home Phone:	Cell Phone:
Home Address:		City:	State Zip:
Date of Birth:	SS#:	Driver's License #	% Ownership Company: Title:

**C. LANDLORD**

Landlord Name:	Contact:	Cell Phone:	Work Phone:	Fax#:
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**D. TRADE REFERENCES**

Business Name:	Contact :	Phone:
Business Name:	Contact :	Phone:

**E. FINANCIAL DATA**

Gross Annual Sales ( Previous year's Tax return):	Date the Business first processed Credit Cards under current Ownership/Business Start Date:	Average Monthly Credit Card Volume:		
List the total Visa/MasterCard processing volumes form previous four months:	Last Month:	Two Month:	Three Month:	Four Month:
	\$ # Tickets:	\$ # Tickets:	\$ #Tickets:	\$ #Tickets:

**F. CASH ADVANCE**

Amount Requested: (Please check what the amount is for) <input type="checkbox"/> MCA <input type="checkbox"/> POS \$	Do you currently have an outstanding cash advance? <input type="checkbox"/> (Check if "yes")	Balance: \$
Company Name:		\$

**G. SIGNATURE**

I hereby represent that all the above information is true and understand that making false statements might be considered fraud. By providing the above information, the applicant(s) authorize you to whom this application is made or their agents and affiliates to investigate my/or financial responsibility and credit worthiness, specifically principal and corporate entities, and will provide financial statements, tax returns, etc. as you deem necessary. A photocopy of this authorization will be deemed as acceptable for release of credit information. I/we authorize Prospay Inc. to receive pertinent information regarding the commercial lease for the above referenced location from my leasing company and or agent. I/we authorize you to update my/or credit profile from time to time in the future, as you deem appropriate.

Applicant's Signature #1: _____	Date: _____	Applicant's Signature #2: _____	Date: _____
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