



Mile High Risk

apps@milehighrisk.com

Please provide the following documents to support the approval of your merchant account apps@milehighrisk.com

- Application (attached)
- Articles of Incorporation
- Driver's License / Passport (clear & color copy)
- Voided Check / Bank Letter
- 3-mnths corporate bank statement
- 3-mnths processing statement
- EIN Document
- Utility Bill (as proof of address)
- Proof of Domain Ownership

COMPANY PROFILE										
Merchant Name (DBA or Trade Name):					Corporate Legal Name:					
Location Address:					Corporate Address:					
City, State:		ZIP Code:		Country:			City, State:		Country:	
Contact Name:			Email Address:			Technical Contact:			Email Address:	
Telephone Number:			1-800 Support Number:			Incorporation Date:			Federal Tax ID (EIN No.):	
Is your company registered in the EU? <input type="checkbox"/> Yes <input type="checkbox"/> No			Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other							
VAT Number:			Registered Corporate Name:				Registered Director:			
Registered Address :				City, Province:			Postal Code:		Country:	
Have you ever filed for a Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No			Length of time in business?			Number of Employees:				
OWNERSHIP PROFILE (must equal 100%)										
Principal #1 – Name:		Title:		% Owned:		Telephone Number:		Email Address:		
Date of Birth:	Social Security #:		ID Type:			ID #:				
Home Address:			City, State:			ZIP Code:		Country:		
Principal #2 – Name:		Title:		% Owned:		Telephone Number:		Email Address:		
Date of Birth:	Social Security #:		ID Type:			ID #:				
Home Address:			City, State:			ZIP Code:		Country:		
BUSINESS PROFILE										
URL(s):										
Description of products/services sold:										
Please list all the banks you may have a pending application:										
Does the signing Principal have other active corps that gave processed or are currently processing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list banks/processors:										
Are you currently accepting payments? <input type="checkbox"/> Yes <input type="checkbox"/> No		Current Acquirer:			Current Gateway:			Reason for leaving current acquirer?		
Method of Acceptance: MOTO _____% Internet _____% Swipe _____% (must equal 100%)					Percentage of Transactions: US _____% Europe _____% Asia _____% (must equal 100%) Rest of the World _____%					
Estimated Monthly Volume: \$ _____			Average Ticket: \$ _____		Highest Ticket: \$ _____		Average CB Ratio:			
Refund Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Describe:					Recurring Services? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Describe:					
When does, the payment take place? <input type="checkbox"/> Upon Purchase <input type="checkbox"/> Upon Download <input type="checkbox"/> Upon Delivery <input type="checkbox"/> Other					Delivery time of service/goods? <input type="checkbox"/> Immediately <input type="checkbox"/> Within 4 Weeks <input type="checkbox"/> Within 5-14 Weeks <input type="checkbox"/> More than 14 Weeks					

Is a Call Centre used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is a Fulfillment House used? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide Fulfillment Agreements)
In which currency are your product/service sold?	In which currency, would you like your settlement to your bank account?
Payment Solution Applying for: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	Service Type Applying for: <input type="checkbox"/> Credit Card <input type="checkbox"/> eCheck <input type="checkbox"/> ACH <input type="checkbox"/> Debit Card <input type="checkbox"/> Other

PROCESSING HISTORY *(last 6 months)*

	LAST MONTH	2 MONTHS	3 MONTHS	4 MONTHS	5 MONTHS	6 MONTHS
Sales Volume:						
Number of Transactions:						
Number of Chargeback's:						
Chargeback Volume:						
Number of Refunds:						
Refund Volume:						

BANK INFORMATION

Account Holder:	Account Number	Routing / ABA Number:	SWIFT Code:
Bank Name:	Bank Address:	City, State:	ZIP Code:

SITE INSPECTION

Merchant: <input type="checkbox"/> Owns <input type="checkbox"/> Rents	Building Type: <input type="checkbox"/> Shopping Center <input type="checkbox"/> Office Building <input type="checkbox"/> Industrial Building <input type="checkbox"/> Residence
Area Zoned: <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential	Square Footage: <input type="checkbox"/> 0-500 <input type="checkbox"/> 501-2500 <input type="checkbox"/> 2501-5000 <input type="checkbox"/> 5001-10000+

- Do you or your vendor receive, pass, transmit or store the full cardholder number electronically? Yes No
If yes, where is the card data stored? Merchant Third Party Only Merchant & Third Party
- Have you ever experience an account data compromise? Yes No If yes, when? _____
- Have you ever been terminated from a merchant account? Yes No
- Describe all security measures AND fraud/chargeback handling: _____
- Would you like to apply for AVS (Address Verification)? Yes No
- Would you like to use CVC (Card Verification Code)? Yes No
- Please describe how the sale takes place from beginning of the order until completion of fulfillment: _____

ADDITIONAL INFORMATION AND DOCUMENTS

- Please note that incomplete applications will not be reviewed by our compliance team until all information and documents are provided.

- During the review of your application and documents, the bank's underwriting team may ask for additional documents to support the approval of your application. Please see below some of the additional documents that may be required...,

<input type="checkbox"/> Business Tax Records if the business is < 2 years' old	<input type="checkbox"/> Sample of customer invoice or receipt
<input type="checkbox"/> Personal Tax Records if the business is > 2 years' old	<input type="checkbox"/> Share Certificates showing the Ultimate Beneficiary Owner
<input type="checkbox"/> Fulfillment Agreements (if a third party is used to fulfill orders)	<input type="checkbox"/> Personal bank statements

Complete the following sections if you are interested in ACH processing:

Company Name:		
Type of Company (Circle One): C---Corp S---Corp LLC Close Corp Sole Proprietor Partnership Non---ProMit OTHER		
WHEN DID YOU START THIS BUSINESS? _____/_____/_____	What Year Did You Incorporate?	
Complete Address:		
Work Telephone:	Cell Phone:	Fax:
Email:	Website:	
Tax ID:	or	International Tax #:
What Is Your Expected Monthly Processing Volume: \$	Avg. Check Amounts: Low: \$	High: \$
Describe Your Business Here and HOW YOU ADVERTISE – Be Detailed & Use Extra Paper If Necessary:		

Personal Information Section

First & Last Name:	SSN:	Position in Company:
Complete Address:		

Banking Information Section

Deposit To (Routing Number): _____	Deposit To (Account #): _____
Name on Your Bank Account (if incorrect bank WILL REJECT DEPOSITS):	
Complete Address on Your Bank Account:	

Choose Your Login Information

User Name For Login (at least 4 characters):	4---digit SECURITY PIN CODE: _____
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Requirements For Account Activation

- A clear Color Copy of your Drivers License or Passport. Must be from the owner or Principle / Officer in company.
- A completed copy of the Credit Card Authorization Form and Checking Account Authorization Form.
- Completed Arbitration Agreement, Refund Policy, Signature Card, and Compliance Statement.

By using MileHighRisk to process payments and bill payments for and on behalf of your company you agree to the Terms of Service, and with your signature show that you have located, read or reviewed, and agree with this agreement.

Position in Company _____ **Date** _____/_____/_____

Signature _____

*Disclaimer: An application fee may be required after account has been approved.