



ACH Underwriting Application

Please fax the completed application to 310.826.0404.

COMPANY BUSINESS NAME									
Business LEGAL Name:				Business Name/DBA Name:				Assigned Account ID:	
Website URL:			E-mail Address:				Contact Name:		
Mailing/Billing Address:				Phone Number: ()		Mobile Number: ()			
City:		State:	Zip:	Fax Number: ()		Home Number: ()			
Previous Address (If less than two years at current address):				Location Address (If different from Mailing):					
City:		State:	Zip:	City:			State:	Zip:	
COMPANY BUSINESS PROFILE									
D and B Number:		SIC Code (if applicable):			Business Open Date:			Length of Current Ownership:	
Type of Business:		Type of Goods/Services Sold:							
Current Annual Sales (\$):		Total Customer Base (Current):			Estimated Transactions Per Month:		Average Transaction Amount (\$):		
Estimated ACH Returns (NSF's) _____%		Estimated Monthly Credits (\$):			Average time between 'enrollment' and services rendered:				
Method of Sales: (Total must equal 100%)					Products Sold To: (Total must equal 100%)				
Written Pre-Authorization (Cyclical, Recurring) _____%		Non-Written Pre-Authorization (Single, Non-Recurring) _____%			Consumers _____%		Businesses _____%		
OWNERSHIP INFORMATION									
Ownership Type: <input type="checkbox"/> Sole Prop. <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____						Federal Tax ID# (9 digits): 			
Owner 1/Partner/Officer Name:			Title in Business:			Equity Ownership:		Social Security #: 	
Home Address:			City:	State:	Zip:		Phone Number: ()		
Owner 2/Partner/Officer Name:			Title in Business:			Equity Ownership:		Social Security #: 	
Home Address:			City:	State:	Zip:		Phone Number: ()		
MERCHANT ACCOUNT INFORMATION									
Current Merchant Account Provider:			Contact:			Phone Number: ()		Merchant Account #:	
BANK AND TRADE REFERENCES									
Bank Reference Name:			Contact:			Phone Number: ()		Account #:	
Trade Reference 1 Name:			Contact:			Phone Number: ()		Account #:	
Trade Reference 2 Name:			Contact:			Phone Number: ()		Account #:	



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IDENTITY VERIFICATION INFORMATION

Principal's Driver's License Number:	Principal's Driver's License Issuing State:	Principal's Driver's License Expiration Date:
Business License Number:	Business License Issuing City, State: /	Business License Issue Date:
State Tax I.D. Number:	State Tax I.D. Number Issuing State:	State Tax I.D. Number Issue Date:

DESIRED ACH TRANSACTION LIMITS (Circle Level 1 or 2, or provide Level 3 amounts)

Level 1:	Level 2:	Level 3:
Per Transaction Limit: \$200.00	Per Transaction Limit: \$500.00	Per Transaction Limit: _____
Monthly Transaction Limit: \$10,000.00	Monthly Transaction Limit: \$10,000.00	Monthly Transaction Limit: _____

APPLICATION SIGNATURE

By the signature below, signatory agrees to the terms, conditions and limitations as specified herein. A nonrefundable application fee of \$50.00 will be debited from the account on file before this application can be processed.

Principal's Signature: _____	Principal's Name (Please Print): _____	Date: _____
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FOR INTERNAL USE ONLY

Reviewer Name:	Recommended Action: Approve <input type="checkbox"/> Decline <input type="checkbox"/>	Review Date:
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Merchant Partners.com LLC will increase the maximum Online Check (ACH) limits from the standard \$200.00 per transaction and \$10,000.00 per thirty day period to the new limits of \$ _____ .00 per transaction and \$ _____ .00 per thirty day period under the following conditions:

Merchant Partners.com LLC may, at its sole discretion, initiate a reserve account against processing in the event changes occur with processing patterns that result in changes including, but not limited to, the following: Excessive ACH rejects and returns, significant changes in processing volume, changes in return policies and changes in products or services rendered. At this time, a reserve account is required in the amount specified and will be subtracted from ACH transactions processed. All ACH late returns will be deducted from this reserve account, and any subsequent ACH transactions will be held to replace any depleted funds until the specified balance is met.

Rolling Reserve Amount:
\$ _____ .00

Any transaction over the Large Transaction Threshold will be placed on a delayed settlement schedule as specified starting with the banking day after the transaction is submitted to the ACH network (normally the first banking day after the transaction is initiated).

Large Transaction Threshold: \$ _____ .00
 Delayed Settlement: _____ Business Days

ACH Transaction Fees:
 \$ _____ Per Transaction + / or _____ % with \$ _____ minimum

ACH Return Fees: \$ _____ per item	Reviewers Comments:
ACH NOC Fees: \$ _____ per item	
ACH Refund Fees: \$ _____ per item	

A review of this agreement will be made after sixty (60) days and at appropriate intervals thereafter. Merchant Partners.com LLC reserves the right to modify the terms of this agreement upon such review and after notification to merchant.

AGREEMENT SIGNATURE (Do not sign until above section is completed)

By the signature below, signatory agrees to the terms, conditions and limitations as specified herein.

Principal's Signature: _____	Principal's Name (Please Print): _____	Date: _____
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GUARANTEE



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For value received, and in consideration of the mutual undertaking contained in this Agreement, the undersigned

Corporation / Partnership / Individual / Limited Liability Company (LLC) **(Please Circle One)**

hereinafter referred to as ("Guarantor") being interested in the business and success of Client and to induce Merchant Partners.com LLC to enter into this Agreement, does hereby absolutely and unconditionally guarantee the full and faithful performance and prompt payment by Client of all its obligations to Merchant Partners.com LLC, together with all costs, expenses and attorney's fees incurred by Merchant Partners.com LLC in connection with any defaults of Client. The liability of Guarantor shall not be affected by any settlement, modification, release, waiver, discharge or variation of terms of any obligation of Client, of Guarantor or any other person or by any failure of Merchant Partners.com LLC to exercise or enforce any of its rights against Client. Guarantor hereby waives notice of acceptance of Guarantee, notice of demand, prosecution of collection, all exemption and homestead laws and all setoffs and counterclaims. The Guarantor waives any right to require Merchant Partners.com LLC to proceed against Client or to require Client to comply with this Agreement. This is a guarantee of payment and not of collection. This is a continuing guarantee and shall remain in effect until sixty (60) days after receipt by Merchant Partners.com LLC of written notice by Guarantor terminating or modifying the same. The Guarantor agrees to provide on Merchant Partners.com LLC's request financial statements and/or tax returns to verify ability to Guarantee Client's liabilities under this Agreement. No termination of this Agreement and Guarantee shall be effected by the dissolution of Guarantor, by any change in legal status of Guarantor or any change in the relationship between Client and Guarantor. Guarantee shall bind and inure to the benefit of the personal representative, heirs, administrators, successors, and assigns of Guarantor and Merchant Partners.com LLC.

Guarantor's Signature:		Guarantor's Name (Please Print):		Date:	
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