



PAYMENT SERVICES REQUEST FORM

CONTACT INFORMATION:

Company DBA (doing business as) / trading name: _____

Company name: _____ Email address: _____

Company Registration Number:: _____ Skype / IM address: _____

Business telephone number: _____ Customer service phone number: _____

Registered Address: _____ Date business established (MM/YY): _____

Business street address: _____ City: _____ Country: _____ Postcode: _____

Business mailing address: _____ City: _____ Country: _____ Postcode: _____

PRODUCT DESCRIPTION:

List of all URL's	Industry	Description of Product/Services

Website Login Details: UN: _____ PW: _____

Sales Profile (Discover Network/Visa/Mastercard Card Sales Profile	Percentage
Card Swipe	%
Manual Key Entry with Imprint, Card Present	%
Mail Order/Telephone	%
Internet	%
Total =	100%

OWNERSHIP DETAILS:

Beneficial Owner name: _____ % ownership: _____

	Residence Address	City	Country	Postcode
Current Address:				
Passport #:		Date of Birth:		
Home phone #:		Personal email address:		

Director name: _____

	Residence Address	City	Country	Postcode
Current Address:				
Passport #:		Date of Birth:		
Home phone #:		Personal email address:		

Please send completed application back to newaccounts@lumencard.com or fax to 562.684.0156



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MERCHANT HISTORY QUESTIONNAIRE:

<ul style="list-style-type: none"> ▪ Estimated Monthly Volume: \$ _____ ▪ Average Ticket Amount: \$ _____ ▪ Highest Ticket Amount: \$ _____ ▪ Have you accepted credit cards/ACH before? <input type="checkbox"/> YES <input type="checkbox"/> NO ▪ If yes, name of current/former processor: _____ Account/Merchant ID #: _____ Years with this processor: _____ (include last 3 months processing statements) ▪ Monthly chargebacks: # _____ \$ _____ ▪ Have you EVER been blacklisted or had an account closed by MasterCard/ Visa or ACH processor? <input type="checkbox"/> YES <input type="checkbox"/> NO ▪ Requested transaction currencies: _____ _____ ▪ Number of Employees: _____ 	<ol style="list-style-type: none"> 1. Has any person on this application ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/> 2. Has any person listed above filed bankruptcy in the last 10 years? Yes <input type="checkbox"/> No <input type="checkbox"/> 3. Has any person listed above, served as an Officer, Director, or Manager of a company that was the subject of any regulatory request for investigation, action or lawsuit of any kind? Yes <input type="checkbox"/> No <input type="checkbox"/> 4. Has any person listed above ever been refused a bond, or had a bond cancelled or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/> 5. Has any person listed above ever had any occupational license suspended or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/> 6. Are your shipping, refund & contact details clearly listed on your website? Yes <input type="checkbox"/> No <input type="checkbox"/> 7. Do you use telemarketing to contact potential customers? Yes <input type="checkbox"/> No <input type="checkbox"/> 8. Do you use mass emails in any way to market your product/services? Yes <input type="checkbox"/> No <input type="checkbox"/> <p>FOR PHYSICAL / TANGIBLE GOODS:</p> <ol style="list-style-type: none"> 9. When are credit card transactions processed? At date of order <input type="checkbox"/> at date of shipment <input type="checkbox"/> 10. If at date of order, how many days is it between order date and shipment date? _____ days. 11. How do you ship the majority of your orders? Overnight <input type="checkbox"/> 2-3 day air <input type="checkbox"/> Ground <input type="checkbox"/> 12. What shipping service do you typically use? UPS <input type="checkbox"/> FedEx <input type="checkbox"/> Postal Service <input type="checkbox"/> DHL <input type="checkbox"/> 13. What is the average number of days from shipment to delivery? _____ days. 14. Do you require a signature on delivery? Yes <input type="checkbox"/> No <input type="checkbox"/> 15. Do you use a fulfillment house to take your orders or ship your products? Yes <input type="checkbox"/> No <input type="checkbox"/> 16. Is business 100% over the Internet? Yes <input type="checkbox"/> No <input type="checkbox"/> 17. Do you offer recurring billing? Yes <input type="checkbox"/> No <input type="checkbox"/> 18. Do you require a virtual terminal? Yes <input type="checkbox"/> No <input type="checkbox"/> 19. What type of customer support do you offer? <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Both 20. What are your customer support hours (check all that apply)? <input type="checkbox"/> 24/7 <input type="checkbox"/> 9 to 5 <input type="checkbox"/> M-F <input type="checkbox"/> Weekends 21. Do you email a receipt upon order with contact and billing details? Yes <input type="checkbox"/> No <input type="checkbox"/> 22. Do you allow PO Boxes in the address field? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Person(s) who sign below returning this Application in an electronic format further unconditionally authorizes LCS, or its agents to investigate the information and references contained herein, and to obtain additional information about the Applicant, as well as individual persons and companies named in this Application, from consumer and business credit bureaus and other lawful sources. The undersigned further authorizes LCS to provide to any governmental, administrative or regulatory entity, as well as any vendor or affiliate of LCS, including the applicable referrer, Independent Sales Organization, Member Service Provider, Member Bank or Associated Sales Group, any information about Merchant, whether independently obtained by LCS or provided by Merchant, that LCS deems reasonably necessary or connected to the provision of services contemplated in the Application, upon request from such entity, vendor or affiliate or in compliance with applicable laws in the respective jurisdiction.

Beneficial Owner

Director

Signature: _____

Signature: _____

Name (print or type):

Name (print or type):

Title (print or type):

Date:

Title (print or type):

Date:

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