



# Electronic Payment Processing

Member Application and Service Agreement

VeriCheck, Inc.

## Member Application

*Thank you for your business!*

This Member Application form may be filled out using your computer. In order to use the fillable features, please note the following:

- ✓ Use your TAB key, not the RETURN key, to jump forward through the form while filling out the text boxes. To begin, click on the line you want to fill in, or click the box in your browser window labeled "Highlight Fields" to see where information can be entered into the form.
- ✓ Please complete the application by filling it out on your computer. When done print the application to sign and date it.
- ✓ Once completed, please fax to VeriCheck® at (404) 872-3490 or you can scan in the application and email it to [support@vericheck.net](mailto:support@vericheck.net) as an attachment.
- ✓ The forms available for downloading (printing) from this Web site are the approved versions.
- ✓ In order to make use of all of the features of our fillable forms, you should use latest addition of the free Adobe Acrobat Reader, a free download at <http://www.adobe.com/>
- ✓ Remember, your agreement needs to be signed and dated.

**PLEASE INCLUDE 2 MONTHS CURRENT BANK STATEMENTS AND A PRE-PRINTED VOIDED CHECK OR BANK LETTER WITH THE APPLICATION – \*THESE ITEMS ARE REQUIRED\***



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## Member Application

Check all that apply:  PPD  CCD  WEB  TEL  BOC  ARC  POP  Check 21  Check Guarantee

ISO/Agent Name: \_\_\_\_\_

### COMPANY INFO

Legal Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Website URL: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### BUSINESS DATA

Business Start Date: \_\_\_\_\_

Business Type: \_\_\_\_\_

Goods / Services: \_\_\_\_\_

Average Ticket: \_\_\_\_\_ High Ticket: \_\_\_\_\_

Annual Check Volume: \_\_\_\_\_

Total Sales Volume: \_\_\_\_\_

Business Tax ID: \_\_\_\_\_

Corporate Structure:

- Non-Profit  Sole Proprietorship  Private Corp  
 LLC  Public Corp  Partnership

### OWNER / SIGNER INFORMATION

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

### BUSINESS BANKING RELATIONSHIP

Bank Name: \_\_\_\_\_

Contact Name & Title: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Routing Number (ABA): \_\_\_\_\_

Account Number (DDA): \_\_\_\_\_

Account Type:  Checking  Savings

### SUPPLIER REFERENCES

**Reference 1** Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ State: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Reference 2** Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ State: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Reference 3** Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ State: \_\_\_\_\_

Account Number: \_\_\_\_\_

### PRICING

Application Fee:

Transaction Fee:

Monthly Minimum:

Return Fee:

Settlement Fee:

Statement Fee:

Discount Rate:

Gateway Fee:

Chargeback Fee:



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## Member Application

CUSTOMER acknowledges that he/she has read and understands the Terms and Conditions of this Agreement contained herein and agrees to be bound by the terms and conditions herein.

By:

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CUSTOMER SIGNATURE

---

PRINTED CUSTOMER NAME

---

BUSINESS NAME

---

DATE

---

AUTHORIZED VERICHECK SIGNATURE

---

PRINTED VERICHECK NAME

**Attach Voided Business Check Here**