



MERCHANT PREQUALIFICATION FORM

Organizations who wish to obtain a merchant account for credit card processing should submit this form to Specialized Processing Solutions to allow for an initial review in the approval process. Please note, all fields on this form are REQUIRED.

If your pre-qualification is approved, you will be provided a complete merchant application and list of required documentation to complete the merchant on-boarding process. *Please ensure to complete this form in its entirety.*

Contracting company name	
DBA name (if applicable)	
Company address	
Country/State of incorporation	
Official owner / % owned	
Name of CEO	
Years in business	
Merchant business type	
Detailed description of products/services sold	
Describe pricing, membership packages and service lengths (if applicable)	
Is a fulfillment house used:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Is a call center used:	<input checked="" type="radio"/> Yes <input type="radio"/> No
URL(s) that will be used	
Current processor	
Current acquirer	
How long with current processor/acquirer	
Average transaction value	
Monthly processing volume	
Desired processing currencies	
Desired settlement currencies	

3 Mo. Processing History	Last month	2 months ago	3 months ago
Sales volume			
Number of transactions			
Chargeback volume			
Number of chargebacks			
Refunds volume			
Number of refunds			

REQUIRED DOCUMENTS:

PLEASE SUBMIT YOUR MOST RECENT THREE MONTHS PROCESSING STATEMENTS WHICH CONCUR WITH THE INFORMATION TO THE LEFT.

I attest that the information submitted on this form is accurate to the best of my knowledge:

<input type="text"/>	<input type="text"/>
Submitted by (Name)	Date Submitted
<input type="text"/>	<input type="text"/>
Email Address	Phone Number