CONFIDENTIAL: All information is used solely for payment processing placement and is treated with strict confidentiality.

BUSINESS INFORMATION

DBA / Trading Name (as shown on cardholder statement)					
Legal Business Name (as on tax return)					
Business Address					
City		State		ZIP Code	
Mailing Address (if different)					
City		State		ZIP Code	
Company Phone		CS Phone			
CS Email		Website URL			
Contact Person		Contact Email			

BUSINESS PROFILE

Business Structure (LLC, Corporation, Sole Proprietorship, etc.)			
Federal Tax ID / EIN		Date Business Formed	
State of Incorporation		Number of Employees	

PRIMARY OWNER / OFFICER

Full Name		Title			
Ownership %		Email Address			
Date of Birth (MM/DD/YYYY)		Mobile Number			
Social Security # (SSN)					
Home Address					
City		State		ZIP Code	
Driver's License # & Expiry Date		Declared Bankruptcy?			

SECOND OWNER / OFFICER (IF APPLICABLE)

Full Name		Title	
Ownership %		Email Address	
Date of Birth (MM/DD/YYYY)		Mobile Number	
Social Security # (SSN)			
Home Address			
City		State	ZIP Code
Driver's License # & Expiry Date		Declared Bankruptcy?	

PRODUCT & PROCESSING INFORMATION

Monthly Processing Volume (USD)					
Average Transaction ($)		Highest Transaction ($)			
Product / Service Description					
Refund / Return Policy					
Fulfillment Timeframe (from charge to delivery)					
In-Person %		MOTO %		Ecommerce %	
Recurring / Subscription Billing? (If yes, describe)					
% B2C Sales		% B2B Sales			

CURRENT PROCESSING PROFILE

Accept Visa / MC / Discover?		Accept AmEx?	
Current Processor / PSP (leave blank if not yet processing)			
Ever terminated by a processor? If yes, explain:			
Chargeback Ratio (% — leave blank if unknown)			

BANK INFORMATION (FOR SETTLEMENT / FUNDING)

Bank Name			
Account Number		Routing Number	
Account Type (Checking / Savings)			

DECLARATION & AUTHORIZED SIGNATURE

I certify that all information in this application is true, accurate and complete to the best of my knowledge.
I authorize CERF Payment Solutions to verify this information and submit it to acquiring banks on my behalf.
All data is treated as strictly confidential and will not be shared with third parties except as required for the purpose of merchant account placement.

Authorized Signature _____ Printed Name _____ Date _____

REQUIRED SUPPORTING DOCUMENTS

- ☐ 3 most recent processing statements (or bank statements if not yet processing)
- ☐ Government-issued photo ID — each owner with 25%+ ownership
- ☐ Business registration / Articles of Incorporation
- ☐ Voided check or bank letter for the settlement account
- ☐ Business bank statements — last 3 months

Return this completed form with supporting documents to:
Email: info@thecerf.com · Web: thecerf.com/contact/