

Check Verification Merchant Application

Business Name:

Email completed application package to contact@foldersconsultingllc.com:

Folders Consulting LLC
121 Washington Ave S
Minneapolis
MN 55401, USA

Include all the following required items with application:
APPLICATION WILL NOT BE PROCESSED UNTIL COMPLETE.

Attached Required Documents

- 1. Signed copy of Merchant Application.
- 2. Scanned copy of Driver's License:
- 3. Scanned copy of either of the following:
 - Credit Card
 - Passport
 - Other
- 4. Certificate of Incorporation.
- 5. Fictitious Name Filing/DBA (If applicable).
- 6. Utility Bill (Must be from a public utilities company).
- 7. Last three (3) months operating business account statements. (If new business, provide principal's banking statements).
- 8. Last three (3) months ACH/Check 21/Credit Card processing statements.
- 9. Voided pre-printed check and deposit slip (Supply letter from bank affirming account ownership if not available).
- 10. Fulfillment Information and/or Sales script.

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law (Patriot Act) requires all financial institutions to obtain, verify, and record information that identifies each person who opens an Account. Identity verification also helps to protect you and us from fraud.

What this means for you:

When you open an Account, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We must also ask for driver's license information or other identifying documents.

Merchant Application

| Sales Information | | | |
|---|---|--|----------|
| Sales Agent Name: | Service Requested: | | |
| Reseller Name: | <input type="checkbox"/> Check Verification <input type="checkbox"/> Check 21 <input type="checkbox"/> Check Scanning | | |
| Business Information | | | |
| Legal Business Name: | | | |
| Company DBA: | | | |
| Business Address Line 1 (No P.O. Box): | | | |
| Business Address Line 2: | | | |
| City: | State: | Zip: | Country: |
| Business Phone: | Business Fax: | | |
| Customer Service Email: | Business URL: | | |
| Customer Service Number: | Customer Service Hours of Operation: | | |
| State of Incorporation: | Incorporation Date: | | |
| EIN #: | Years in Business: | | |
| Type of Ownership: | | | |
| <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> LLC <input type="checkbox"/> Government | | | |
| Business Premises: | | Publicly Traded: | |
| <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Lease | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Principal 1 Information | | | |
| <small>(if there are multiple owners, use information for owner with largest share of ownership)</small> | | | |
| Business Ownership %: | | Home Ownership: | |
| | | <input type="checkbox"/> Rent <input type="checkbox"/> Own | |
| First Name: | Middle Initial: | Last Name: | |
| Residence Address Line 1 (No P.O. Box): | | | |
| Residence Address Line 2: | | | |
| City: | State: | Zip: | Country: |
| Residence Phone: | Mobile Phone: | | |
| Residence Fax: | Email: | | |
| Date of Birth (MM/DD/YYYY): | Social Security Number: | | |
| Driver's License #: | Driver's License State: | | |

Principal 2 Information

| | | | |
|---|-----------------|---|----------|
| Business Ownership %: | | Home Ownership: <input type="checkbox"/> Rent <input type="checkbox"/> Own | |
| First Name: | Middle Initial: | Last Name: | |
| Residence Address Line 1 (No P.O. Box): | | | |
| Residence Address Line 2: | | | |
| City: | State: | Zip: | Country: |
| Residence Phone: | | Mobile Phone: | |
| Residence Fax: | | Email: | |
| Date of Birth (MM/DD/YYYY): | | Social Security Number: | |
| Driver's License #: | | Driver's License State: | |

Check Processing

| | |
|--|-------------------------------------|
| Do you currently utilize Check21 or ACH? <input type="checkbox"/> Yes <input type="checkbox"/> No | Service Provider: |
| Number of Transactions / Day: _____ | Average Transaction Amount: \$_____ |
| Number of Returns / Month: _____ | Average Return Amount: \$_____ |

Check Verification

| | |
|--|--|
| Do you currently use verification services? <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, which services do you use: |
| Are you interested in ATM Verification? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you interested in NCN Verification? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you interested in Live Verification? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you interested in Instant Verification? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Credit Card Processing

| | |
|--|-------------------------------------|
| Do you currently process credit cards? <input type="checkbox"/> Yes <input type="checkbox"/> No | Service Provider: |
| Number of Transactions / Day: _____ | Average Transaction Amount: \$_____ |
| If Terminated, explain: | |

Bank Account Information

| | |
|----------------------|------------------|
| Bank Name: | Name on Account: |
| Bank Routing Number: | Account Number: |

Merchant Website Details

| | |
|--|--|
| Site URL: | Customer Service #: |
| Descriptor (Pay to the Order of): | Recurring: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe Product /Service: | |
| How will transactions be initiated? <input type="checkbox"/> Internet <input type="checkbox"/> Telephone <input type="checkbox"/> Point-of-Sale <input type="checkbox"/> Subscription <input type="checkbox"/> Written agreement / Mail | |

Marketing Information

| |
|--|
| How do you market your product? <input type="checkbox"/> Newspaper/Magazine <input type="checkbox"/> Internet <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Direct Mail <input type="checkbox"/> Television <input type="checkbox"/> Other |
| If other, describe: |

Risk Questionnaire

Will you be processing ONLY US transactions?

Yes No

If No, list all countries:

Are there any states/countries which are blocked?

Yes No

If YES, please explain.

How do you handle fraud issues? Please detail any Anti-Fraud tools used.

If you use affiliate programs, are they involved in the processing?

Yes No

Do you allow P.O. box as address field?

Yes No

If NO, how do you control it?

Are email receipts sent upon purchase confirmation?

Yes No

How do you verify customers' identification?

Does your website have a customer login?

(If YES, a temporary login must be provided.)

No

Yes No

Username:

Password:

Business and Personal References

Name:

Company Name:

Phone Number:

Name:

Company Name:

Phone Number:

Personal Reference Name:

Phone Number:

By signing below, it is understood that Folders Consulting LLC will receive, collect and hold personal or non-public information about the merchant including but not limited to: the merchants name, address, telephone number, e-mail address, social security number and/or tax identification number, credit history, and criminal record for the purpose of considering eligibility for the Check Verification Services. Folders Consulting LLC may also submit such information to banking institutions that may be utilized in the processing of Check 21 transactions for the merchant.

By: _____

Print Name: _____ Date: _____