

Secure Digital Payments

Merchant Application

Doing Business As *

Company Website *

Phone Number *

Please enter a valid phone number.

Email *

example@example.com

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country Of Incorporation *

Official Owner / % Owned *

Name Of CEO *

First Name

Years In Business *

Merchant Business Type *

Detailed Description of Products/Services Sold *

Describe Pricing, Membership Packages, and/or Service Lengths *

Is a Fulfillment House Used? Y/N *

Is a Call Center Used? Y/N

Current Processor *

Current Acquirer *

How Long With The Current Processor/Acquirer? *

Desired Processing Currencies *

Desired Settlement Currencies *