

Advanced Merchant Processing Application

Owner / Officer Information

First Name:		Last Name:		Position:	
Cell Phone:		Fax Number:			
Address:				City:	
State:		Zip Code:		Country:	
Email:			Passport Number:		

Company Information

Company Name:					
Company d/b/a Name:					
Company Tax ID:		Toll Free Number:		Fax:	
Company Registered Address:					
City:		State:		Zip:	
Company Mailing Address:					
City:		State:		Zip:	
Company Start Date:		Incorporation Date:		Incorporation Country / State:	
Website URL:					
Corporation Type (circle one):	Corporation	S-Corporation	LLC	Sole Proprietorship	Other (explain)

Type of Business (Please fully explain your type of business, products or services):

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Estimated Transactions

How many checks do you plan to process monthly?	
Your estimated total e-check sales monthly:	
Your estimated minimum check amount:	
Your estimated maximum check amount:	
Your estimated average check amount:	

Processing History		
Do you currently accept credit cards?	YES	NO
Have you ever processed credit cards before?	YES	NO
Have you ever processed checks before?	YES	NO
Have you had a merchant account terminated?	YES	NO
Name of your Former/Current Processor:		
Length of Time with that processor:		
Reason for Leaving your processor:		

Bank Account Information			
Business Name on Account:			
Account Holder's Name:			
Account Holder's Address:			
City:	State:	Zip:	
Country:	Email:		
Bank Name:			
Bank Address:			
City:	State:	Zip:	
Bank Account Number:	Bank Routing Number:		
Bank Country Code:	Bank Swift Code:		

Authorization
<p>The undersigned, on behalf of the applicant, certifies that information contained herein is true and accurate. By signing hereunder, applicant hereby agrees to abide by Advanced Merchant Processing Terms and Conditions, all applicable federal and state laws and regulations. By signing below, you authorize Advanced Merchant Processing LLC to obtain a complete background investigative report on Applicant and its principals, including financial condition. If member registration is desired, I authorize Advanced Merchant Processing LLC to provide this information to the card associations, sponsoring bank, and check associations.</p>

Signatures	
<p>For Advanced Merchant Processing LLC Employee ONLY Do Not Write or Sign In This Area: Advanced Merchant Processing, LLC</p>	Merchant:
Signed:	Signed:
Name: Adam Jacob	Name:
Title: President	Title:
Date:	Date:

In addition to completing this application, you may need to submit the follow information:

- A completed / signed AMP Merchant Agreement
- A legible photocopy of Passport and ID from authorized officer of the company
- A voided check or Wiring instructions (if the merchant requests wire transfer)
- A copy of your business registration documents (to show proof your company is registered and active)
- *Other documents may be required such as bank statements, previous processing statements, phone scripts and or a description of your business processes.



Advanced Merchant Processing LLC

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