

# Advanced Merchant Processing

## Reseller 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):

### 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

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.

### Signatures

<p style="color: red;">For Advanced Merchant Processing LLC Employee ONLY Do Not Write or Sign In This Area:</p> <p><b>Advanced Merchant Processing, LLC</b></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 Reseller Agreement
- A legible photocopy of your Passport and ID
- A voided check or Wiring instructions
- A copy of your business registration documents (to show proof your company is registered and active)
- \*Other documents may be required.



Advanced Merchant Processing LLC

1355 Bardstown Rd. Suite 295, Louisville KY 40204  
PHONE: 770-361-3993  
[info@amppayments.com](mailto:info@amppayments.com)