
MERCHANT CHECK LIST

Please type in the following fields for each row and initial each page along with the supporting documentation to applications@trelexgroup.com or faxed to 866-803-1132

COMPLETION OF APPLICATION AND SUBMISSION OF ALL DOCUMENTS IS REQUIRED TO EXPEDITE APPROVALS.

BUSINESS NAME: _____

- Completed Merchant Application Form
- Scanned copy of Drivers License and Passport.
- Photocopy of Checking Account Statements for previous three (3) months
- Copy of Articles of Incorporation
- Copy of Fictitious Name Filing (if marketing using a DBA or fictitious name)
- Marketing Materials (showing products, pricing, return policies etc.).
- Web Site URL Address (if applicable – showing products, pricing, return policies, etc.)
- Copy of prior years Company Tax Return (if company has been in business less than a year Personal Tax Return of owner must be supplied)
- New Businesses must supply copy of lease, utility bill and telephone bill.
- Copy of your voided check with your company information printed on it
- Sample of Proof of Authorization
- Copy of Fulfillment Agreement

There is a \$25.00 wire fee for US accounts, if you do not have a Bank Account in the United States, your funds can be wired or Federal Expressed; however, there is a \$50.00 fee per occurrence. Accounts that do not have a US Bank Account may require increased reserve or longer hold time. If you would like to establish a US bank account, Trelex Group Inc can direct you to a bank.

MERCHANT APPLICATION FORM

Merchant Website

Only one Website / URL address per application / account.			
Principal Website / URL:			
Date Registered URL:			
Log In (if required)			
Password (if required)			
Business Type	E-Commerce <input type="checkbox"/>	Pharmacy <input type="checkbox"/>	Gaming <input type="checkbox"/> Adult <input type="checkbox"/>
Goods / Services:	Tangible Goods (Deliverable) <input type="checkbox"/>	Non Tangible Goods (Software etc) <input type="checkbox"/>	
Products / Services Sold:			

Company Information

CORPORATE COMPANY	
Legal Company Name:	
Incorporated Number:	
Date of Incorporation	
Incorporated Country:	
Incorporated Address:	
City:	
State/Region/County:	
Zip Code/Postal Code	
Country:	

PHYSICAL COMPANY ADDRESS (No postal box or mail drops)	
Address:	
City:	
State / Region:	
Zip Code:	
County:	
Telephone:	
Fax:	
E-mail:	

Company General Manager Information

DIRECTORS / CEO Physical Address (address must be actual place of residence)			
Full Name:			
Full Address:			
City:			
State / Region:			
Zip Code:			
Country:			
Telephone:		Cellular:	
E-mail:			
Passport Number:		Social Security No.	
SHARE HOLDERS/ BENEFICIARY OWNERS			
Full Name:			
Full Address:			
Telephone:		Cellular:	
Email:			
Full Name:			
Full Address:			
Telephone:		Cellular:	
E-mail:			
TECHNICAL CONTACT		FINANCIAL CONTACT	
Name:		Name:	
Telephone:		Telephone:	
Fax:		Fax:	
E-mail:		E-mail:	
AUTHORISED SIGNATORY		CUSTOMER SUPPORT	
Name:		Principle contact:	
Telephone:		Telephone:	
E-mail:		E-mail:	

Technical Specifications

TECHNICAL SPECIFICATIONS	
Server Operating System: (NT, XP, 2000, Vista, Unix, Linux etc)	
WEBSITE / URL REQUIREMENTS	
The company is identifiable at anytime by the card holder.	YES <input type="checkbox"/> / NO <input type="checkbox"/>
The address of the company is presented on the site.	YES <input type="checkbox"/> / NO <input type="checkbox"/>
The card holder is asked for his address and phone no.	YES <input type="checkbox"/> / NO <input type="checkbox"/>
All products comply to the same MCC code.	YES <input type="checkbox"/> / NO <input type="checkbox"/>
CVV2 compulsory	YES <input type="checkbox"/> / NO <input type="checkbox"/>
Transaction currency appears on site	YES <input type="checkbox"/> / NO <input type="checkbox"/>
Confidentiality promises stated on site	YES <input type="checkbox"/> / NO <input type="checkbox"/>
Return of goods procedure stated on site	YES <input type="checkbox"/> / NO <input type="checkbox"/>
Statement on transaction security	YES <input type="checkbox"/> / NO <input type="checkbox"/>
Statement of descriptor is presented on site	YES <input type="checkbox"/> / NO <input type="checkbox"/>
Display of VISA/MC/E-CHECK logos on site	YES <input type="checkbox"/> / NO <input type="checkbox"/>
Prices are displayed on site	YES <input type="checkbox"/> / NO <input type="checkbox"/>
Goods fulfillment time stated on site	YES <input type="checkbox"/> / NO <input type="checkbox"/>
Shipping policy stated on site	YES <input type="checkbox"/> / NO <input type="checkbox"/>
Note about the laws in each jurisdictions under the cardholder's responsibility	YES <input type="checkbox"/> / NO <input type="checkbox"/>

Bank Account

GENERAL DETAILS	
Bank Name:	
Beneficiary Name:	
Beneficiary's full Address:	
Contact Person:	
Telephone:	
Fax:	
E-mail:	
BANK DETAILS	
Account No.:	
Swift / BIC Code:	
IBAN No.:	
Bank's full Address:	
Contact Person:	
Telephone:	
E-mail:	

Previous History

PREVIOUS PROCESSING HISTORY	
Do you currently accept credit cards?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever processed before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had a merchant acc terminated?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes; please specify reasons:	
Former/Current Processor:	
Time with Processor:	Years: _____ Months: _____
Reason for leaving:	

Processing Information

ESTIMATED TRANSACTION	
Estimated Monthly transactions:	
Total sales per month:	
Average transaction amount	
Min. to Max. Ticket amount	

PAYMENT & PROCESSING INFORMATION			
Sales currencies of goods/ services:		Other payment methods used:	
Transaction currency:		Settlement currency:	
Are goods/ services based on order forms signed by customer?		YES <input type="checkbox"/> / NO <input type="checkbox"/>	
Do you have a credit limit policy if you are casino?		YES <input type="checkbox"/> / NO <input type="checkbox"/>	
If yes, please detail:			
Detail all fraud tools:			

Delivery on Tangible Goods

PRODUCT SALES INFO	
Customer Support	YES <input type="checkbox"/> / NO <input type="checkbox"/>
Do you have a call centre	YES <input type="checkbox"/> / NO <input type="checkbox"/>
Delivery fulfillment time?	E-mail support YES <input type="checkbox"/> / NO <input type="checkbox"/>
How do you proof delivery and is it available?	
Delivery Companies Used?	
Does the delivery company issue a tracking number?	

I confirm that all the information that I have supplied in this application form is true to the best of my belief. I also understand that if I have deliberately omitted information and/or attempted to mislead the processor in any way that my account may be terminated without notice.

Signed _____

Date _____