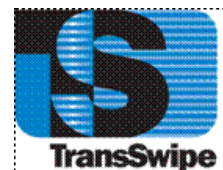


HIGH RISK PRE-QUAL CHECKLIST



| ISO INFORMATION | |
|---|-------------------|
| ISO OFFICE : | AGENT CONTACT: |
| AGENT EMAIL ADDRESS: | AGENT PHONE #: |
| DO YOU GIVE MHRP THE RIGHT TO CONTACT THIS MERCHANT DIRECTLY? <input type="checkbox"/> YES <input type="checkbox"/> NO | # OF MIDS NEEDED: |
| MERCHANT INFO | |
| DBA: | MAIN APPLICANT: |

ALL HIGH RISK MERCHANTS:

- Completed pre-application
- 3 months' recent processing statements (if applicable)
- 3 months' recent bank statements
- Voided check or signed letter on bank letterhead (must match bank statements – no temp checks)
- Identification for all applicants
- Business license / DBA Filing / Articles of Incorporation

HIGH RISK MERCHANTS VOLUME 100K+:

- YTD Profit & Loss *and* Balance Sheet
- 1 year's business tax return (personal tax if business is unavailable)
- Site inspection photos (interior & exterior)

TRAVEL BUSINESSES:

- Seller of Travel permit

eCOMMERCE BUSINESSES:

- Non-expiring log-in information to website control panel for compliance
- WEB ADDRESS: USERNAME: PASSWORD:

MOTO BUSINESSES:

- Sample of Marketing Materials

ALL MERCHANTS:

- Utility Bill (dated less than 3 months)
- Official company documents confirming shareholder information
- Owner's CV/Resume
- Personal* bank reference letter (dated less than 3 months) *must state account is in "GOOD STANDING"*

ONLINE PHARMACY:

- Pharmaceutical License

This application will be used solely for the purpose of **pre-approval**. Once this application is completed, please send via email to prequal@transswipe.com or via fax to **516-941-0758**



| Merchant Information | | | | |
|---|--------------------------------|---|--|------------------------------------|
| Legal Name of Business | | DBA (Doing Business As) | | |
| Street Address(Physical Address -- No P.O. Boxes) | | City | State | Zip |
| Mailing Address (If different from Street Address) | | City | State | Zip |
| Business Telephone | Business Fax | Customer Service Telephone | | Age of Business/Incorporation Date |
| Merchant E-Mail | | Merchant Customer Service E-Mail | | |
| Merchant URL (Website) | | For Sites w/ Members Username: Password: | | |
| Skype/MSN/GTalk/AIM ID/ICQ | | Authorized Business Rep | | |
| List Type of Business/Products/Services Sold and How (Be specific): | | | | |
| Tax Filing Name | Federal Tax ID # | a. Is business located outside of the 50 United States or District of Columbia? <input type="checkbox"/> YES <input type="checkbox"/> NO b. Does your business currently hold a non-profit status letter form the IRS?(If yes, please attach IRS Determination Letter) <input type="checkbox"/> YES <input type="checkbox"/> NO c. Is your business part of a Government Entity such as a state or federal agency? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Ownership | | | | |
| <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Private Corp. <input type="checkbox"/> Public Corp. <input type="checkbox"/> International Org <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Tax Exempt Org. (501C) | | | | |
| Principal's Name | | Ownership % | Date Business Acquired | Title |
| Date of Birth (mm/dd/yyyy) (Required) | Social Security No. (Required) | | Driver's License No. and State Issued: | |
| | | | If no Driver's License Passport # | |
| Street Address (Physical address – No P.O. Boxes) | | City | State | Zip |
| Second Principal's Name | | Ownership% | Date Business Acquired | Title |
| Date of Birth (mm/dd/yyyy)(Required) | Social Security No. | | Driver's License No. and State/State Issued (Required) | |
| Street Address (physical address – No P.O. Boxes) | | City | State | Zip |
| Settlement Account (you Must attach a voided check) We will automatically debit your Settlement Account for any amounts owed to us under the MPA. The Transit Routing Number and Account Number must match the information listed on the voided check. | | | | |
| Bank Name | Routing Number | Account Number | Telephone | Bank Contact |
| Estimated Monthly Volume & AVT | | Account Type | | |
| Combined Estimated Monthly Volume \$ _____ | | Face-to-Face _____% | Swiped _____% | |
| Est. Monthly Volume (Amex) \$ _____ | | Mail Order/Telephone Order _____% | Keyed w/ Imprint _____% | |
| Typical Ticket/ Sales Amount \$ _____ | | Internet _____% | Keyed No Imprint _____% | |
| Estimated Highest Ticket/Sales Amount \$ _____ | | Total _____% | Total _____% | |
| Recurring Billing? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| Equipment Section | | | | |
| <input type="checkbox"/> New Equipment <input type="checkbox"/> Reprogram | | | Additional Notes: | |
| <input type="checkbox"/> Terminal: | | No. Units | | |
| <input type="checkbox"/> Software Product: | | No. Units | | |
| <input type="checkbox"/> Printer: | | No. Units | | |
| <input type="checkbox"/> PIN Pad: | | No. Units | | |
| Auto Close: <input type="checkbox"/> YES <input type="checkbox"/> NO Time: | | | | |
| Tip: <input type="checkbox"/> YES <input type="checkbox"/> NO | | AVS: <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Invoice Number: <input type="checkbox"/> YES <input type="checkbox"/> NO | | CVV2 Prompt : <input type="checkbox"/> YES <input type="checkbox"/> NO | | |



| General | |
|--|--|
| Reasons for applying for this account: | |
| Website Requirements | |
| Complete description of goods and services on website? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Price displayed? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Does the sponsored merchant state that it will attend to customer service request within 2 working days? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| The address of the company is on the site? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Privacy Policy on website? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Return, refund, and cancellation policy on website? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Delivery Policy (<i>to include export restrictions, if any</i>) on website? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Restriction |
| Shipping options, delivery timescales, and shipping fees on website? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Transaction currency or currencies displayed? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Display of VISA logo on website? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Display of MasterCard logo on website? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Site/Payment Page is SSL Secured | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| All products apply to the same MCC code | <input type="checkbox"/> YES <input type="checkbox"/> NO |

| Authorization for Credit Report | |
|--|--------|
| <p>An Investigation Report, Background Investigation, and/or Consumer Credit Report may be made in connection with the application for registration. With this form the applicant authorizes TransSwipe, Inc. (TS), or any credit bureau or credit reporting agency contracted by TS or any agents of TS, to investigate the references given to TS by applicant and to access the file of any credit reporting agency.</p> <p>Under the law, you have the right to receive a copy of your credit report directly from the credit bureau free of charge. The following is my true and complete legal name and all information is true and correct to the best of my knowledge</p> <p>I authorize all agencies, bureaus, employers, and individuals to provide any applicable/knowledge or information they have concerning this background investigation:</p> <p style="text-align: center;">PLEASE PROVIDE COPY OF DRIVER LICENSE BELOW:</p> | |
| Print Full Name: | Title: |
| Signature: | Date: |