Check Verification Merchant Application

Business Name:

Email completed application package to contact@echeckverify.com:

Folders Consulting LLC
121 Washington Ave S
Minneapolis
MN 55401, USA

Include all the following required items with application:
APPLICATION WILL NOT BE PROCESSED UNTIL COMPLETE.

Attached   **Required Documents**

☐   1. Signed copy of Merchant Application.

☐   2. Scanned copy of Driver's License:

☐   3. Scanned copy of either of the following:

☐ Credit Card   ☐ Passport   ☐ Other

☐   4. Certificate of Incorporation.

☐   5. Fictitious Name Filing/DBA (If applicable).

☐   6. Utility Bill (Must be from a public utilities company).

☐   7. Last three (3) months operating business account statements. (If new business, provide principal's banking statements).

☐   8. Last three (3) months ACH/Check 21/Credit Card processing statements.

☐   9. Voided pre-printed check and deposit slip (Supply letter from bank affirming account ownership if not available).

☐   10. Fulfillment Information and/or Sales script.

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law (Patriot Act) requires all financial institutions to obtain, verify, and record information that identifies each person who opens an Account. Identity verification also helps to protect you and us from fraud.

What this means for you:
When you open an Account, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We must also ask for driver's license information or other identifying documents.

Merchant Application

Sales Information

Sales Agent Name:	Service Requested:
Reseller Name:	☐ Check Verification ☐ Check 21 ☐ Check Scanning

Business Information

Legal Business Name:			
Company DBA:			
Business Address Line 1 (No P.O. Box):			
Business Address Line 2:			
City:	State:	Zip:	Country:
Business Phone:	Business Fax:		
Customer Service Email:	Business URL:		
Customer Service Number:	Customer Service Hours of Operation:		
State of Incorporation:	Incorporation Date:		
EIN #:	Years in Business:		

Type of Ownership:
☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Non-Profit ☐ LLC ☐ Government

Business Premises: ☐ Rent ☐ Own ☐ Lease	Publicly Traded: ☐ Yes ☐ No

Principal 1 Information

(if there are multiple owners, use information for owner with largest share of ownership)

Business Ownership %:	Home Ownership: ☐ Rent ☐ Own		
First Name:	Middle Initial:	Last Name:	
Residence Address Line 1 (No P.O. Box):			
Residence Address Line 2:			
City:	State:	Zip:	Country:
Residence Phone:	Mobile Phone:		
Residence Fax:	Email:		
Date of Birth (MM/DD/YYYY):	Social Security Number:		
Driver's License #:	Driver's License State:		

Principal 2 Information

Business Ownership %:	Home Ownership: ☐ Rent ☐ Own

First Name:	Middle Initial:	Last Name:

Residence Address Line 1 (No P.O. Box):

Residence Address Line 2:

City:	State:	Zip:	Country:

Residence Phone:	Mobile Phone:

Residence Fax:	Email:

Date of Birth (MM/DD/YYYY):	Social Security Number:

Driver's License #:	Driver's License State:

Check Processing

Do you currently utilize Check21 or ACH? ☐ Yes ☐ No	Service Provider:
Number of Transactions / Day: _____	Average Transaction Amount: $_____
Number of Returns / Month: _____	Average Return Amount: $_____

Check Verification

Do you currently use verification services? ☐ Yes ☐ No	If so, which services do you use:
Are you interested in ATM Verification? ☐ Yes ☐ No	Are you interested in NCN Verification? ☐ Yes ☐ No
Are you interested in Live Verification? ☐ Yes ☐ No	Are you interested in Instant Verification? ☐ Yes ☐ No

Credit Card Processing

Do you currently process credit cards? ☐ Yes ☐ No	Service Provider:
Number of Transactions / Day: _____	Average Transaction Amount: $_____

If Terminated, explain:

Bank Account Information

Bank Name:	Name on Account:
Bank Routing Number:	Account Number:

Merchant Website Details

Site URL:	Customer Service #:
Descriptor (Pay to the Order of):	Recurring: ☐ Yes ☐ No

Describe Product /Service:

How will transactions be initiated?
☐ Internet ☐ Telephone ☐ Point-of-Sale ☐ Subscription ☐ Written agreement / Mail

Marketing Information

How do you market your product?
☐ Newspaper/Magazine ☐ Internet ☐ Yellow Pages ☐ Direct Mail ☐ Television ☐ Other

If other, describe:

Risk Questionnaire

Will you be processing ONLY US transactions? ☐ Yes ☐ No	If No, list all countries:
Are there any states/countries which are blocked? ☐ Yes ☐ No	If YES, please explain.
How do you handle fraud issues? Please detail any Anti-Fraud tools used.	
If you use affiliate programs, are they involved in the processing? ☐ Yes ☐ No	
Do you allow P.O. box as address field? ☐ Yes ☐ No	If NO, how do you control it?
Are email receipts sent upon purchase confirmation? ☐ Yes ☐ No	
How do you verify customers' identification?	

Does your website have a customer login? (If YES, a temporary login must be provided.) No	☐ Yes ☐	Username:
		Password:

Business and Personal References

Name:	Company Name:	Phone Number:
Name:	Company Name:	Phone Number:
Personal Reference Name:		Phone Number:

By signing below, it is understood that Folders Consulting LLC will receive, collect and hold personal or non-public information about the merchant including but not limited to: the merchants name, address, telephone number, e-mail address, social security number and/or tax identification number, credit history, and criminal record for the purpose of considering eligibility for the Check Verification Services. Folders Consulting LLC may also submit such information to banking institutions that may be utilized in the processing of Check 21 transactions for the merchant.

By: _____

Print Name: _____ Date: _____