

High Risk Pre-Vet

Please answer as much as you can below to support our consultation process.

AGENT AND MERCHANT INFO

Sales Office: _____

Sales Agent: _____

Merchant Legal Name: _____

Merchant DBA Name: _____

Website: _____

Industry Type / Vertical: _____

MERCHANT SERVICE INFORMATION

Recurring Billing: Yes No

Negative Option Billing: Yes No

If YES, check all that apply:

Free Trial?: Yes No

Continuity (subscription)?: Yes No

Monthly Volume Requested: _____

Average Ticket: _____

High Ticket: _____

Processing History: Yes No