

**Turin Payment Processing**

**Merchant/Client**

**Application Checklist & Forms**

**Please Complete the Checklist & Submit via Mail, eMail  
and/or Fax as Noted Below:**

- Completed and Signed Merchant Application
- Scanned Color Copy of Drivers License or Passport of EACH Principal
- Copy of Voided Check or Bank Letter Verifying Account
- Copy of Articles of Incorporation, DBA Certification and/or Business License
- Copy of Previous Bank Statements (Three (3) Months Minimum)
- Copy of Sales Script (in Word Format)
- Copy of Verification Script (in Word Format)
- Product Sample
- Copy of Fulfillment Contract (Must be executed with the Price/Package)
- Fulfillment Contact Information
- Wire Instructions  
(if Canadian Bank, MUST Include Corresponding US Bank Information)

**NOTE: Incomplete and Handwritten Applications **WILL NOT** Be Processed**

Turin Payment Processing  
440 4<sup>th</sup> Avenue N, Suite B  
St. Petersburg, FL 33715  
Phone: 877-768-6869  
Fax: 877-467-6869  
Email: [sales@TurinConsulting.com](mailto:sales@TurinConsulting.com)

# Merchant/Client Application Form

## COMPANY DETAILS:

Company Name \_\_\_\_\_

DBA (If Applicable) \_\_\_\_\_

Registration Number (Country and/or State) \_\_\_\_\_

Country and/or State of Registration \_\_\_\_\_

VAT/TAX ID/File Number \_\_\_\_\_

### Address:

Street Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

### Postal Address (If Different from Above):

Street Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

## COMPANY OWNERSHIP INFORMATION:

(if more than one Principal, please attach additional page(s))

Principal's Name \_\_\_\_\_

Title & Ownership % \_\_\_\_\_ % of Ownership \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Passport/Driver's License Number \_\_\_\_\_ Issued In \_\_\_\_\_

**COMPANY CONTACT INFORMATION:**

**Administrative Contact** \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Technical Contact** \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

**REFERENCES:**

**Provide the Company Name, Contact, Address & Phone Numbers of Two (2) Business Credit References.**

**REFERENCE 1**

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

**REFERENCE 2**

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

## Account Profile

Is Your Company Involved in Any of the Following?

(Check as Appropriate)

Internet Gaming (including Lotteries, Raffles, etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult Entertainment Services (including Audiotext)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult Life Style Products	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Travel Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Software Download Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Online Registrations or Memberships	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E-Books or Online Report Products	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pharmaceutical Products	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E-Wallets	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mail Order Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Telemarketing Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other NON-TANGIBLE Products or Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TANGIBLE Products	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Current Credit Card Processing

Is Your Company Involved in Any of the Following?

(Check One in Each Column)

Are You Processing Now or Have You Ever Processed Credit Card Transactions Before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will Your Existing Merchant Account(s) Remain Open?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have You Ever Had a Processing Relationship Terminated? (If YES, please explain in detail on a separate attachment).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How Long Have You Been in Business?	<input type="checkbox"/> Start Up	_____ Yrs
Current TOTAL ANNUAL Volume: \$	# of Employees	_____
	Office Space	_____
Name of Current Processor(s): _____		
Reason for Applying for This Merchant Account: _____		

## Credit Card Processing Amount Requested

Projected Monthly Processing Volume: \$

VISA \_\_\_\_\_ % MC \_\_\_\_\_ %

Projected Number of Transactions Per Month:

Average Ticket: \$ \_\_\_\_\_

## ACH Processing

Is Your Company Involved in Any of the Following? **(Check One in Each Column)**

Are You Processing Now or Have You Ever Processed ACH Transactions Before?

Yes

No

Will Your Existing Merchant Account(s) Remain Open?

Yes

No

Have You Ever Had a Processing Relationship Terminated?

Yes

No

**(If YES, please explain in detail on a separate attachment).**

How Long Have You Been in Business?

Start Up \_\_\_\_\_ Yrs

Current TOTAL ANNUAL Volume: \$

# of Employees \_\_\_\_\_

Office Space \_\_\_\_\_

Name of Current Processor(s): \_\_\_\_\_

Reason for Applying for This Merchant Account: \_\_\_\_\_

## ACH Processing Amount Requested

Projected Monthly Processing Volume: \$

Percentage of ACH Originations by Entry Class Code: \_\_\_\_\_ARC \_\_\_\_\_BOC \_\_\_\_\_CCD \_\_\_\_\_POP

\_\_\_\_\_PPD \_\_\_\_\_RCK \_\_\_\_\_TEL \_\_\_\_\_WEB \_\_\_\_\_CIE \_\_\_\_\_PBR \_\_\_\_\_CBR \_\_\_\_\_MTE

Projected Number of Transactions Per Month:

Average Ticket: \$ \_\_\_\_\_

## ACH Processing Profile

ITEM	ACH TRANSACTIONS	REMOTE DEPOSIT TRANSACTIONS
Average ACH Debit/Check Amount?		
Average ACH Credit Amount?		N/A
High ACH Debit/Check Amount?		
High ACH Credit Amount?		N/A
Average Number of ACH Debit Transactions/Checks per <u>Day</u> ?		
Average Number of ACH Credit Transactions/ <u>Day</u> ?		N/A
Average Number of ACH Debit Transactions/Checks per <u>Month</u> ?		
Average Number of ACH Credit Transactions/ <u>Month</u> ?		N/A
Total Number of ACH/Check Returns a Month, if Known?		
Total Number of Unauthorized Returns a Month (R07, 8, 9, 10, 29, 51's)		N/A
How Often Do You Submit Transactions / Checks (Daily, Weekly, Monthly)? If Weekly or Monthly State, What Day?		
Total Number of Verifications/Month		

How Will You Be Sending Transactions:

Batch

Real Time

Method:

Virtual Terminal

SOAP-XML

NACHA

Text

CSV

## Currency Options

Please Check the Currency or Currencies in Which Your Products and/or Services are Sold:

EURO

USD

British Pound

Swiss Franc

Other: \_\_\_\_\_

## Global Distribution of Customers

**Enter % for All That Apply:**

Asia Pacific \_\_\_\_\_ %                      EU \_\_\_\_\_ %

Caribbean & Latin America \_\_\_\_\_ %                      Canada \_\_\_\_\_ %

Central & Eastern Europe, Middle East & Africa \_\_\_\_\_ %

USA \_\_\_\_\_ %

## Merchant Marketing & Sales Method

**Enter % for All That Apply:**

How Do You Offer Your Products/Services? \_\_\_\_\_

Internet \_\_\_\_\_ %                      Internet/SSL \_\_\_\_\_ %

Direct Mail/Telemarketing \_\_\_\_\_ %                      Mail Order/Telephone Order \_\_\_\_\_ %

## Credit Cards to be Accepted

**Please Check the Type(s) of Credit Cards Which You Request to be Validated.**

VISA       MasterCard       \*Discover       \*AMEX

\*Diners       \*JCB       \*Other

**\*Note: The validation of these cards may not be available with all Acquiring Banks. It is the Merchant's responsibility to obtain their own account from the Issuers of these cards.**

## Products, Services & Web Site Information

Please provide a detailed description of the goods and/or services you offer. Specifically, what is the cardholder paying for and what do they receive?

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Is the Product/Service Fulfilled at the Time of the Sale?

Yes

No

**If NO, Please State Turnaround Time from Order to Dispatch:** \_\_\_\_\_

Does Your Company Fulfill the Orders Directly?

Yes

No

**If NO, Please Provide Fulfillment Company Information Details Below:**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Please Describe All Fraud Prevention Measures You Utilize

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# Customer Information Security Standards

(Check One in Each Column)

Does Your Company Store Credit Card Data?

Yes

No

Is Your Company AIS (Account Information Security) or  
CISP (Cardholder Information Security Program) and SDP  
(Site Data Protection) Program Compliant?

Yes

No

## URL Requirements

(Check One in Each Column)

The company's name is clearly identifiable to the customer

Yes

No

The address of the company is present on the web site(s)

Yes

No

You ask for the Cardholder's address & phone number

Yes

No

CVV2 required

Yes

No

All products comply with the same MCC code

Yes

No

The transaction currency & price of all products is clearly displayed

Yes

No

Shipping and handling charges are clearly displayed

Yes

No

A statement of estimated fulfillment time of contract is displayed

Yes

No

A statement regarding the security of the transaction is displayed

Yes

No

A procedure regarding the return of goods is displayed

Yes

No

Your confidentiality and/or privacy policy is displayed

Yes

No

Information regarding the law in each jurisdiction is provided for customer

Yes

No

A statement regarding your company's shipping policy is displayed

Yes

No

Your website(s) display the VISA and MasterCard logo

Yes

No

The Descriptor (as it will appear on the customer's statement) is displayed

Yes

No

Company contact details for customer support are clearly displayed

Yes

No

## Membership or Subscription Based Web Sites/Products

### NON-RECURRING FEES for Subscriptions/Services/Memberships/Products

One (1) Month: \_\_\_\_\_ \$ \_\_\_\_\_

Two (2) Months: \_\_\_\_\_ \$ \_\_\_\_\_

Three (3) Months: \_\_\_\_\_ \$ \_\_\_\_\_

Other  : \_\_\_\_\_ \$ \_\_\_\_\_

### RECURRING FEES for Subscriptions/Services/Memberships/Products

Introductory Trial For \_\_\_\_\_ Days \$ \_\_\_\_\_

Recurring Every \_\_\_\_\_ Days \$ \_\_\_\_\_

Recurring (Quarterly, Annually, etc.) \_\_\_\_\_ \$ \_\_\_\_\_

## Website Content

Content on Website is Provided by: \_\_\_\_\_

Does the Website Carry a Warning for Minors?  Yes  No

Does the Website have Pop-ups? Cross Promotions?  Yes  No

Please List All URL's: (If Necessary, Attach a Separate Page): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LOGIN – You MUST Provide a Non-Expiring “USER ID” and “PASSWORD” for Your Website(s):**

User ID: \_\_\_\_\_

Password: \_\_\_\_\_

## Depository Bank Information

**(Settlements will be Made to This Account)**

Bank Name \_\_\_\_\_

BIC (Bank Identifier Code) \_\_\_\_\_

Bank Sort Code/Swift/Iban \_\_\_\_\_

Account Holder \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Contact & Phone Number \_\_\_\_\_

## Currency Preference for Settlements

**Please Check the Currency in Which You Would Like to Receive Your Settlements:**

EURO     USD     British Pound     Swiss Franc     Other: \_\_\_\_\_

## Specific Representations and Warranties

You represent and warrant at the time of this document and during the Term of this Agreement the following:

- You are not engaged in or affiliated with any businesses, products, or methods of selling other than those listed in this Application.
- No owner with voting control of the company, or with more than 5% of the shares, nor any signer of this agreement or senior officer of your organization, has been charged, arrested, or convicted within the last five years of any criminal activity.
- This Agreement violates no law, nor is it in conflict with any other agreement to which you are subject.
- The products or services you will sell and submit for processing under this Agreement are not illegal services within your jurisdiction.
- There is no action, litigation, or proceeding pending, or to your knowledge threatened which, if decided adversely would impair your ability to carry on your business substantially as now conducted or which would adversely affect your financial condition or operations.
- You have never entered into an agreement with a third party to perform credit or debit card processing services, which has been terminated by that third party, other than as identified in the Application.
- You have never entered into an agreement with a processor, bank or gateway to perform credit or debit card processing services, which has been terminated by that processor, bank or gateway, other than as identified in the Application.
- All intended transactions are bona fide. No transaction involves the use of a card for any purpose other than the purchase of goods or services from you.
- You have provided all information accurately and without omissions or misleading statements and you have not withheld any information that, if known to recipient, would influence recipient's decision to enter into this Agreement.

## Important Notice before Signing This Application

The signer hereby authorizes the recipient to verify any information provided herein by the Applicant in response to the questions contained in this document and all exhibits and supporting documents provided. Recipient is authorized to use personal information provided to obtain credit reports from authorized credit reporting agencies. Investigations, consumer credit reports, and reference checking, or other reasonable and legal means of investigation, may require verification by third parties to confirm information provided by Applicant and Applicant hereby authorizes the recipient to undertake such verifications without further notice to the Applicant. The results of such investigation remain the sole property of the recipient.

## Warranties of Signing Party

The signing party below warrants that each of the principal owners, who collectively have majority voting control of shareholdings of the merchant company, and the Chief Executive Officer or Managing Director of the merchant company have reviewed the responses in this Application and its exhibits and supporting documents and have found no erroneous or misleading information. The signing party hereby makes the above warranties on all pages and documents submitted and in all oral statements and attests the information provided in and submitted with this application is accurate to the best of his or her knowledge as of the date of signature.

**PRINTED NAME** \_\_\_\_\_ **TITLE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_, 20\_\_\_\_