

### Original Company

Company Name

Street

ZIP Code City

Country

-  -   
Phone

-  -   
Fax

Email

### European Company (only if exists)

Company Name

Street

ZIP Code City

Country

-  -   
Phone

-  -   
Fax

Email

### CEO (private address)

First Name Last Name

Street

ZIP Code City

Country

Email

### Beneficiary Share Holders Of The Company

<input type="text"/> First Name	<input type="text"/> Last Name
<input type="text"/> First Name	<input type="text"/> Last Name
<input type="text"/> First Name	<input type="text"/> Last Name
<input type="text"/> First Name	<input type="text"/> Last Name
<input type="text"/> First Name	<input type="text"/> Last Name
<input type="text"/> First Name	<input type="text"/> Last Name

### Incorporation Information

**Incorporation Date Of EU-Company**     
Month Day Year

Registration Number

**Does License Exists?**    
(Only For Gaming Operators) Yes No

### General Contact Person

<input type="text"/>	<input type="text"/>
First Name	Last Name
<input type="text"/>	
Street	
<input type="text"/>	<input type="text"/>
ZIP Code	City
<input type="text"/>	
Country	
<input type="text"/>	
Email	

### Financial Contact Person

<input type="text"/>	<input type="text"/>
First Name	Last Name
<input type="text"/>	
Street	
<input type="text"/>	<input type="text"/>
ZIP Code	City
<input type="text"/>	
Country	
<input type="text"/>	
Email	

### Technical Contact Person

<input type="text"/>	<input type="text"/>
First Name	Last Name
<input type="text"/>	
Street	
<input type="text"/>	<input type="text"/>
ZIP Code	City
<input type="text"/>	
Country	
<input type="text"/>	
Email	

### Customer Service

<input type="text"/>	<input type="text"/>	<input type="text"/>
Customer Service Phone		
<b>Customer Service</b> <i>(Working Hours)</i>		<input type="text"/>
From To		A.M. - P.M.
<input type="text"/>		
Email		

### URL 1

URL

Industry

Description of Product / Service

Bill-Descriptor \*

### URL 2

URL

Industry

Description of Product / Service

Bill-Descriptor \*

### URL 3

URL

Industry

Description of Product / Service

Bill-Descriptor \*

### Test - Login Data

Username

Password

\* It is recommended that the descriptor includes company name / URL name + c/s phone number (max. 20 digits + additional field max. 13 digits)

### Server IP-Address No. 1

Live

Test

### Server IP-Address No. 2

Live

Test

### Server IP-Address No. 3

Live

Test

URL Requirements | **Please select between "Yes" or "No" by clicking on the boxes !**

**Is your company identifiable on your website by the card holder at any time**  Yes  No

**Is the address of your company presented on the website**  Yes  No

**Do you ask for the card holders address and phone number for orders or registration**  Yes  No

**All products comply the same MCC code**  Yes  No

**CVV2 compulsory**  Yes  No

**Transaction currency appears**  Yes  No

**Privacy Policy**  Yes  No

**Procedure in case of return of goods**  Yes  No

**Statement on transaction security**  Yes  No

**Appearance of descriptor on statement**  Yes  No

**Display of VISA / Mastercard logos**  Yes  No

**Price / currency display**  Yes  No

**Debiting time of the card holder**  Yes  No

**Statement of time of fulfillment of contract**  Yes  No

**Shipping policy**  Yes  No

**Note about the law in each jurisdictions under the card holder's responsibility**  Yes  No

### General

Who is your current payment processor ?

Have you ever processed credit cards before?  Yes  No

Reason for leaving your current payment processor ?

How long did your processed through this company?

Do you have a credit policy? If yes, please detail on extra sheet:

Please detail your fraud prevention tools:

### Finance

In what currencies are your goods/services offered?

Transaction currency:

Settlement currency:

Number of transaction per month:

Total sales volume per month:

Average USD amount per transaction:

## Your banking details

Bank account holder:

Bank account number:

Bank code / SWIFT or BIC / IBAN:

Bank name:

Bank address:

Bank contact person and phone number:

## General required documents:

1. This application form must be completed and submitted
2. Processing history of the past 6 months (statements) | **If not available complete page 6/7**
3. Certificate of Incorporation
4. Letter of good standing for the corporation (from the bank)
5. Utility invoice for the corporation
6. Passport copy from the CEO/owner of the corporation
7. Utility invoice for the CEO/owner of the corporation

## Mastercard Processing Record

Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago	6 Months Ago
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sales volume	Sales volume	Sales volume	Sales volume	Sales volume	Sales volume
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of transactions	Number of transactions	Number of transactions	Number of transactions	Number of transactions	Number of transactions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Volume chargeback	Volume chargeback	Volume chargeback	Volume chargeback	Volume chargeback	Volume chargeback
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of chargeback	Number of chargeback	Number of chargeback	Number of chargeback	Number of chargeback	Number of chargeback
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chargeback volume ratio	Chargeback volume ratio	Chargeback volume ratio	Chargeback volume ratio	Chargeback volume ratio	Chargeback volume ratio
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chargeback ratio by count	Chargeback ratio by count	Chargeback ratio by count	Chargeback ratio by count	Chargeback ratio by count	Chargeback ratio by count
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Volume of refunds	Volume of refunds	Volume of refunds	Volume of refunds	Volume of refunds	Volume of refunds
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of refund transaction	No. of refund transaction	No. of refund transaction	No. of refund transaction	No. of refund transaction	No. of refund transaction
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Refund ratio by volume	Refund ratio by volume	Refund ratio by volume	Refund ratio by volume	Refund ratio by volume	Refund ratio by volume
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Refund ratio by count	Refund ratio by count	Refund ratio by count	Refund ratio by count	Refund ratio by count	Refund ratio by count

## VISA Processing Record

Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago	6 Months Ago
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sales volume	Sales volume	Sales volume	Sales volume	Sales volume	Sales volume
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of transactions	Number of transactions	Number of transactions	Number of transactions	Number of transactions	Number of transactions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Volume chargeback	Volume chargeback	Volume chargeback	Volume chargeback	Volume chargeback	Volume chargeback
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of chargeback	Number of chargeback	Number of chargeback	Number of chargeback	Number of chargeback	Number of chargeback
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chargeback volume ratio	Chargeback volume ratio	Chargeback volume ratio	Chargeback volume ratio	Chargeback volume ratio	Chargeback volume ratio
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chargeback ratio by count	Chargeback ratio by count	Chargeback ratio by count	Chargeback ratio by count	Chargeback ratio by count	Chargeback ratio by count
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Volume of refunds	Volume of refunds	Volume of refunds	Volume of refunds	Volume of refunds	Volume of refunds
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of refund transaction	No. of refund transaction	No. of refund transaction	No. of refund transaction	No. of refund transaction	No. of refund transaction
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Refund ratio by volume	Refund ratio by volume	Refund ratio by volume	Refund ratio by volume	Refund ratio by volume	Refund ratio by volume
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Refund ratio by count	Refund ratio by count	Refund ratio by count	Refund ratio by count	Refund ratio by count	Refund ratio by count

## Authorized Signature

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Place / Date / Name / Company Stamp