

MOTO/ E-Commerce Questionnaire



DBA Name:					
Location Address:					
City:		State:		Zip:	
Primary Merchant Contact:				E-Mail Address:	
				Customer Service Telephone Number:	

1. What percentage do you sell to: Business____% Public____%
2. Do you have a retail location? Yes____ No____
3. What percentage of sales will be from:
Mail____% Internet____% Retail Location____% Telephone____%
4. Do you sell a service or product? Service____ Product____
5. Is the product stored at the address mentioned above? Yes____ No____
6. If the product is not stored onsite, please provide address where product is held:

Address (No P.O. Box):					
City:		State:		Zip:	

7. Do you own the product/inventory? Yes____ No____
8. Do you sell (check all that apply): Nationally____ Locally____
9. Who is your current bankcard processor? _____
10. How many chargebacks did you have for the previous year? _____
What was the total dollar amount for those chargebacks? _____
11. When do you charge the customer? At time of order____ Upon shipment of goods____
12. How many days from the time of order does it take to deliver merchandise to the customer?
1-7 days:____ 8-14 days:____ 14+ days:____
13. Are any other companies involved with accepting, shipping, or fulfilling the service or product, or the billing of the customer (i.e. fulfillment house)? Yes____ No____
14. If yes, please provide the company's name, address and telephone number:

Company Name:					
Address (No P.O. Box):					
City:		State:		Zip:	

What do they do? _____

15. How do you advertise? Direct Mail____ Referral____ Catalog____ TV/Radio____
Internet/Email____ Telephone/Telemarketing____ Newspaper/Magazine Ad____ Yellow Pages____
16. Please describe your refund policy: _____

Authorized Signer of Merchant Account:	X		
Signer's Name Printed:		Date:	

PLEASE FAX COMPLETED FORM TO 888-231-1162.
ALLOW 3-5 BUSINESS DAYS FOR CHANGES TO TAKE EFFECT.

Operations Department Use Only 08-09			
<i>Representative:</i>		<i>Date:</i>	
<i>Representative:</i>		<i>Date:</i>	