

**CheckFreePay Corporation**

**Credit Verification Application**

<b>Corporate or Parent Name of Business:</b>				Check one: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation			
Corporate or Parent address: (Street)		(City)		(State)		(Zip Code)	
Corporate Mailing Address, if different:(Street)		(City)		(State)		(Zip Code)	
<b>Corporate Federal Taxpayer Identification #:</b>				Corporate Telephone #:		Corporate Fax #:	
Corporate Contact Name and Title:				Corporate Contact's Email Address:			
Corporate Website / URL address:		Years Under Current Owner:		# of years in Business:		Date and State of Incorporation:	
Retail Services Offered: <input type="checkbox"/> Liquor <input type="checkbox"/> Pharmacy <input type="checkbox"/> Supermarket/Grocery <input type="checkbox"/> Convenience <input type="checkbox"/> Mail/Shipping <input type="checkbox"/> Wireless Phone <input type="checkbox"/> Florist <input type="checkbox"/> Restaurant/Deli <input type="checkbox"/> Travel <input type="checkbox"/> General Retail <input type="checkbox"/> Other (Describe) _____							
Money Services Offered:	<b>Check Cashing</b> for more than \$1,000 per day/customer? <input type="checkbox"/> Yes** <input type="checkbox"/> No	<b>Currency Dealing or Exchange</b> for more than \$1,000 per day/customer? <input type="checkbox"/> Yes*** <input type="checkbox"/> No	<b>Provider or Seller of Prepaid Access?</b> <input type="checkbox"/> Yes*** <input type="checkbox"/> Yes*** <input type="checkbox"/> Neither Provider Seller Do you have systems reasonably designed to prevent the sale of more than \$10,000 in prepaid access per day/customer? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Money Orders</b> for more than \$1,000 per day/customer? <input type="checkbox"/> Yes*** <input type="checkbox"/> No	<b>Money Transfer</b> In any amount? <input type="checkbox"/> Yes*** <input type="checkbox"/> No	
<b>Principal Officer or Owner Name(s)</b>	<b>Date &amp; Place of Birth</b> (City and State)	<b>% of ownership</b>	<b>Home Address</b> (Physical Street Address incl. City, State, and Zip)		<b>Home Phone &amp; Cell Phone</b>	<b>Gender/Minority/Ethnicity Affiliations</b> (circle all that apply)	
Print Name:						Male Female Service Disabled Veteran Handicap White/Caucasian Black/African American Hispanic/Latin American Native American* Asian Pacific* Asian Indian* Prefer Not to Answer	
Print Name:						Male Female Service Disabled Veteran Handicap White/Caucasian Black/African American Hispanic/Latin American Native American* Asian Pacific* Asian Indian* Prefer Not to Answer	
Print Name:						Male Female Service Disabled Veteran Handicap White/Caucasian Black/African American Hispanic/Latin American Native American* Asian Pacific* Asian Indian* Prefer Not to Answer	
Print Name:						Male Female Service Disabled Veteran Handicap White/Caucasian Black/African American Hispanic/Latin American Native American* Asian Pacific* Asian Indian* Prefer Not to Answer	

\*Native American includes American Indians, Eskimos, Aleuts and Native Hawaiians

\*Asian Pacific includes origins from Japan, China, Philippines, Vietnam, Korea, Samoa, Guam, US Territories of Pacific, Laos, Cambodia and Taiwan

\*Asian Indian includes origins from India, Pakistan and Bangladesh

**\*\* If you answered Yes, above, you are a Money Services Business/Check Cashier. Please provide:**

- Proof of your current FinCEN registration **AND** Copy of state check casher license, if applicable to your state.

**\*\*\* If you answered Yes, above, you are a Money Service Business as defined by the Department of the Treasury. Please provide:**

- Proof of agency relationship with the principal MSB whom you operate as an agent for.

**General Information:**

1. Is your business listed in Dunn & Bradstreet?  NO  YES If yes, list D&B number \_\_\_\_\_
2. Is this building:  Owned by you?  Leased?  Rented? Square footage of space: \_\_\_\_\_
3. Is this business Handicap Accessible?  NO  YES

**Additional Documentation required:**

- **Agents with more than five (5) locations must attach:** Certified Public Accountant audited business financial statements (include most recent financials if audited are not current year)
- **Corporations, Partnerships, and Limited Liability Companies must attach (as applicable):** Copies of (i) Certificate of Incorporation, (ii) Certificate of Organization, (iii) Articles of Incorporation, (iv) Partnership Agreement or Statement of Partnership, and (v) Certificate of Good Standing
- **Partnership or Sole Proprietorship must attach:** Copies of Partnership agreement and certified Local/State Registration to do business
- **New Businesses must attach:** Business Registration (If company previously operated under a different name(s), please list name(s))

**History: (ATTACH SEPARATE PAGES IF NEEDED TO RESPOND)**

1. Has Applicant and/or Owner(s) been in business for at least three years:

Agent initials \_\_\_\_\_  NO  YES

2. If the answer to Questions Number 1 above is yes, has Applicant and/or Owner(s) filed all Federal, State, and Local tax returns for your business for the past three years?

Agent initials \_\_\_\_\_  NO  YES

3. If the answer to Question Number 2, above is no, please explain:

\_\_\_\_\_  
\_\_\_\_\_

4. Has Applicant or any Owner ever been terminated as an agent by any other money transfer service or bill payment service in the past?

Agent initials \_\_\_\_\_  NO  YES If yes, please furnish details, location and dates.

\_\_\_\_\_  
\_\_\_\_\_

5. Has Applicant (i.e. the sole proprietorship, partnership or corporation) ever been convicted of any felony under state, federal or foreign law or entered a plea of nolo contendere to a criminal charge other than minor traffic violation?

Agent initials \_\_\_\_\_  NO  YES If yes, please furnish details, location and dates.

6. Has any Owner, Officer, Director, or General Partner of Applicant (or any officer, director, or general partner of any Owner) ever been arrested for, charged with, convicted of, pled guilty to, or pled nolo contendere to any felony under state, federal or foreign law?

Agent initials \_\_\_\_\_  NO  YES If yes, please furnish details, location and dates.

\_\_\_\_\_  
\_\_\_\_\_

7. Has any Officer, Director, or General Partner of Applicant (or any officer, director, or general partner of any Owner) identified on this Application ever been involved in any voluntary or involuntary bankruptcy, receivership, or insolvency?

Agent initials \_\_\_\_\_  NO  YES

8. If the answer to Question Number 7, above is yes, please list all such bankruptcy events - include dates filed and where, whether business or personal, court of jurisdiction, docket number and name and address of trustee.

\_\_\_\_\_  
\_\_\_\_\_

9. List any pending and /or settled lawsuits or actions for the past five years. Provide a brief description, dates, liability estimate, court of jurisdiction and location, and disposition.

\_\_\_\_\_  
\_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION SET FORTH IN THIS DOCUMENT IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF ANY INFORMATION PROVIDED IS DETERMINED TO BE FABRICATED, FALSE OR INCORRECT BY CHECKFREEPAY, THAT MY APPLICATION CAN BE DENIED OR MY ACCEPTANCE WILL BE REVOKED. FUTUREMORE, I UNDERSTAND AND AGREE THAT IN FILLING OUT THIS APPLICATION THAT I AM FINANCIALLY AND LEGALLY LIABLE UNDER THE TERMS AND CONDITIONS OF THE AGENT AGREEMENT WHICH IS INCORPORATED HEREIN BY REFERENCE. BY SIGNING BELOW, I ALSO HEREBY VOLUNTARILY AUTHORIZE CHECKFREEPAY TO CONDUCT ONE OR MORE BACKGROUND CHECKS, INCLUDING OBTAINING CONSUMER REPORTS RELATING TO MY CRIMINAL AND CREDIT HISTORY AND TO USE THOSE REPORTS IN CONNECTION WITH THE EVALUATION OF OUR/MY REQUEST FOR SERVICES.

Signature #1 \_\_\_\_\_ Printed Name: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature #2 \_\_\_\_\_ Printed Name: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature #3 \_\_\_\_\_ Printed Name: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature #4 \_\_\_\_\_ Printed Name: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**THIS APPLICATION MUST BE FILLED OUT AND SIGNED IN ITS ENTIRETY BEFORE SUBMISSION TO CHECKFREEPAY. CHECKFREEPAY RESERVES THE RIGHT TO DETERMINE, IN ITS SOLE DISCRETION IF PROSPECTIVE AGENT HEREUNDER MAY ACT ON BEHALF OF CHECKFREEPAY TO PERFORM THE FUNCTIONS OF AN AGENT.**

**Release of Credit Information:** The above business and individuals authorize all of its (their) banks, trade suppliers, and creditors to release business and personal credit information to CheckFreePay by fax, phone, or mail at the discretion of CheckFreePay to assist in the evaluation of the business as an Agent. CheckFreePay may share the information on this document only with such banks, trade suppliers, or creditors. CheckFreePay does NOT release credit or financial information to any third parties. CheckFreePay does NOT discriminate based on race, religion, color, sex, sexual orientation, age, national origin or ancestry, physical or mental disability, veteran status, or any other consideration made unlawful by federal, state, or local laws. CheckFreePay is, however, required to obtain and report information on the Agent Equal Opportunity Program to various Clients and State Regulatory bodies that govern our business.