



1029 Mumma Road, PO Box 8863, Camp Hill, PA 17001-8863

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www.memoco.com

Affiliation ID \_\_\_\_\_

Lead Tracking # \_\_\_\_\_

Agent ID # \_\_\_\_\_

# AGENCY APPLICATION

Money Order     Bill Payment     Prepaid Card     Prepaid Transit Card

Date: \_\_\_\_\_

Corporate Business Name: \_\_\_\_\_

DBA Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different than physical address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County (of Physical Address): \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Type of Business:  C-Store     Grocery Store     Check Cashier     Other \_\_\_\_\_

Legal Structure:  Corporation     Partnership     Proprietorship     L.L.C.

**List All Owners/Officers Owning 10% Or More Of Outstanding Stock (use additional paper if necessary):**

1. Principal Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Stock Owned: \_\_\_\_\_

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Residence:  Own     Rent

2. Principal Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Stock Owned: \_\_\_\_\_

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Residence:  Own     Rent

Contact Person For Sales Summary Report(s): \_\_\_\_\_

Date Present Ownership Started: \_\_\_\_\_

Building:  Own     Lease    Lessor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ State Sales Tax ID #: \_\_\_\_\_

**Trade References:** List Three (3) Current Suppliers That Extend You Credit Terms: (NO CODs)

	<u>Name</u>	<u>City/State</u>	<u>Account #</u>	<u>Phone #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**Bank References:**

1. Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Business Account #: \_\_\_\_\_ Loan #: \_\_\_\_\_

2. Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Business Account #: \_\_\_\_\_ Loan #: \_\_\_\_\_



DO YOU HAVE: YES\* NO DO YOU CURRENTLY OFFER: YES NO
1. Criminal Suits in Process or Conviction(s)\*
2. Civil Suits in Process\*
3. Bankruptcy Record\*
4. Judgment(s)\*
5. Income From Other Sources\*
6. Fax Machine With a Dedicated Line
7. Personal Computer
8. Internet Broadband Connection
\*PLEASE GIVE DETAILS:
HOW DID YOU HEAR ABOUT MEMO? (select one)
HAVE YOU EVER SOLD MONEY SERVICE PRODUCTS FOR OTHER COMPANIES? (If YES, please denote below:)
Please Explain Why You are Changing Companies:

MEMO Privacy Policy: MEMO does not give any nonpublic personal information about MEMO Agents or Applicants to any company, person or individual except as required by law and as described herein. The Applicant(s) expressly authorizes MEMO and any business or consumer reporting agency employed by MEMO to receive and investigate, before and or after becoming an Agent, the above information and any other information obtained from the Applicant(s) or from any other persons as to the Applicant's conduct and qualifications while serving as an Agent of or obligated to MEMO as an Agent, all without causing any liability whatsoever to arise therefrom. MEMO discloses agent information (including account numbers and other nonpublic personal information) to its service providers to the extent necessary to complete the business transactions of the products and services MEMO offers to agents and consumers. MEMO provides Agent Identifying Information to those businesses which MEMO employs or has an agreement to jointly market goods or services. MEMO will not disclose Agent Identifying Information to a nonaffiliated third party that does not agree by contract to protect and not disclose all nonpublic personal information to other nonaffiliated third parties. Agent Identifying Information consists of business name, business address, business telephone number and owner/controlling officer's name(s). Agents or Applicants may choose not to have their information provided to anyone by MEMO, except service providers, as required by law, and pursuant to an investigation performed by MEMO described above, by marking the box below.

Please do not provide my information to anyone other than service providers, as required by law, and pursuant to an investigation performed by MEMO.
I certify that the above information is correct and understand that any MEMO Agency offered to me or my company (partnership, corporation or otherwise) by MEMO Financial Services, Inc. and/or Subsidiaries (MEMO) will be conditioned thereon. I or we hereby authorize MEMO and any business or consumer reporting agency employed by MEMO to receive and investigate the above information and any other information obtained from me or us from any other person relating in any way to my or our eligibility for such agency, to make inquiries of all persons and of others having knowledge of me or us, and to answer inquiries from other persons as to my or our conduct and qualifications while serving us or obligated to MEMO as an Agent, all without causing liability whatsoever to arise therefrom. This application must be signed by the sole proprietor, a general manager or an authorized corporate officer. In any event, the person signing this

Applicant Name: Title:
Authorized Signature: Date:

\*\*\*PLEASE ATTACH PERSONAL AND BUSINESS FINANCIAL STATEMENTS\*\*\*

Note: All personal and business financial statements are treated as highly confidential and shall be used to assist with the approval process. The financial statements will remain part of MEMO's permanent records.

ADDITIONAL INFORMATION:

FOR INTERNAL USE ONLY
Approved Denied By: Date:
Notes/Comments:
Est. MO Sales MEMO Fee Retail Fee MO Draft Schedule Equip. Fee per Wk / Mth
Est. BP Sales MEMO Fee Retail Fee BP Draft Schedule Equip. Fee per Wk / Mth
Est. PP Sales MEMO Fee Retail Fee PP Draft Schedule Equip. Fee per Wk / Mth
Est. PPT Sales MEMO Fee Retail Fee PPT Draft Schedule Equip. Fee per Wk / Mth
Equipment
aXcess VeriFone Other (Specify):
Submitted By: Date: