



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

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www.memoco.com

Affiliation ID _____

Lead # _____

Agent # _____

AGENCY APPLICATION

Money Orders

Bill Payments

Mobile Top Up

Prepaid Transit Cards

Date: _____

Sales Rep _____

Corporate Business Name: _____

DBA Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone Number: _____ Fax Number: _____

Type Of Business: C-Store Grocery Store Check Casher Other _____

Legal Structure: Corporation Partnership Proprietorship LLC

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: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Number: _____

E-Mail Address: _____ Residence: Own Rent

2. Principal Name: _____ Title: _____ % Stock Owned: _____

SS#: _____ Date Of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Number: _____

E-Mail Address: _____ Residence: Own Rent

Contact Person For Sales Summary Reports: _____

Date Present Ownership Started: _____

Building: Own Lease Lessor Name: _____ Phone Number: _____

Federal Tax ID #: _____ State Sales Tax ID #: _____

How Did You Hear About MEMO? (Select One) Ad Agent Referral Internet Mailing Sales Rep Other

HAVE YOU EVER SOLD MONEY SERVICES PRODUCTS FOR OTHER COMPANIES? (If YES, please denote below)

Money Orders

Bill Payments

Mobile Top Up

Prepaid Transit Cards

Money Transfer

Companies _____

Please Explain Why You Are Changing Companies: _____

**** PLEASE ATTACH FINANCIAL STATEMENT AND A CURRENT BANK STATEMENT FROM YOUR OPERATING ACCOUNT ****

Less than 2 years in business = Personal Financial Statement is required

More than 2 years in business = 2 Years of Business Financial Statements OR Business Tax Returns are required

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.

| | | | | | |
|--|---|---|---|---|---|
| DO YOU HAVE: 1. Criminal Suits in Process of Conviction(s)* 2. Civil Suits in Process* 3. Bankruptcy Record* 4. Judgements* 5. Income From Other Sources* 6. Fax Machine With a Dedicated Line* 7. Personal Computer* 8. Internet Broadband Connection* | YES* <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | DO YOU CURRENTLY OFFER: 1. State Lottery 2. Money Orders 3. Gift Cards 4. Prepaid Cards 5. Bill Payments 6. Wire Transfer 7. Check Cashing 8. Other Services (Specify) _____ | YES* <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|--|---|---|---|---|---|

***Please Give Details:** _____

Vendor Payments Program If you are interested in paying your COD vendors via the MEMO Vendor Payment Program you must choose now. We will need a current invoice from each vendor you wish to pay using Money Orders and a completed Vendor Payments Request form. If you do not choose to enroll in Vendor Payments now, you can at a later date.

YES, I want to pay my vendors using Money Orders. **NO, I Do NOT want to pay my vendors using money orders.**

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 and 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 application certifies he or she has the authority to enter into a binding contract(s) on behalf of the applicant.

Applicant Name (printed): _____ **Title:** _____

Authorized Signature: _____ **Date:** _____

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

ADDITIONAL INFORMATION: _____

| FOR INTERNAL USE ONLY | | | | | | |
|--------------------------------|--|--|---|--|--|------------------|
| Approved | Denied | By: _____ | | | Date: _____ | |
| Notes / Comments: _____ | | | | | | |
| | Est. Sales | MEMO Fee | Retail Fee | Equip Fee | Min Rev | Max Value |
| MO | _____ | _____ | _____ | _____ per _____ | _____ starts _____ days after installation | _____ |
| BP/MTU | _____ | _____ | _____ | _____ per _____ | _____ starts _____ days after installation | _____ |
| | Processor <input type="checkbox"/> FE <input type="checkbox"/> PRIME | | | | | |
| MP (LCHA) | _____ | _____ | _____ | _____ per _____ | _____ starts _____ days after installation | _____ |
| PTC | _____ | _____ | _____ | _____ MT <input type="checkbox"/> MT REFERRAL <input type="checkbox"/> Yes | | |
| Equipment: PC: | Agent <input type="checkbox"/> MEMO | System: <input type="checkbox"/> aXcess (PI23) <input type="checkbox"/> aXcess (Certex) <input type="checkbox"/> VeriFone <input type="checkbox"/> POS (Answers) <input type="checkbox"/> Other _____ | | | | |
| | | | <input type="checkbox"/> C1 <input type="checkbox"/> C2 | | | |
| Sales Representative: | _____ | | | | Date: _____ | |