Credit Card Processing Application Form

Please fill in the applicable fields to the best of your ability. Please attached your ID(s) and VOID Cheque, or deposit form (PAD). You will be contacted if we have any questions. This information will be used to complete and send you an Application for E-signature. If you have any questions, you can contact your Advisor or you can email us at info@peloton-technologies.com or call Toll Free: 1-800-723-8108.

Business Details					
Legal Name of Business:		DBA Name:			
Legal Address		DBA Address (if different than Legal Address)			
Street Address:		Street Address:			
City:	Province:	City:	Province:		
Postal Code:		Postal Code:			
Business Phone: Business Email: Website: Month & Year Started:		Type of Business (Choose one): Product/Service Offered: <u>Alternate Shipping Address for Ed</u> Street Address: City: Destal Code:	quipment: Province:		
		Postal Code:			

Business Owner Details

PELOTON

If more owners are required to make up 51% ownership, please fill out details for additional owners on a separate form.

Name:		Personal Phone:
Title:		% of Ownership:
Street Address:		Personal Email:
City:	Province:	ID Type:
Postal Code:		
Name:		Personal Phone:
Title:		% of Ownership:
Street Address:		Personal Email:
City:	Province:	ID Type:
Postal Code:		



Business Operations

Business Location: If Other:	Average Credit Transaction Size (how much per transaction, on average): \$			
Number of Employees: Approximate Square Footage: Is your business Seasonal: Yes No	What is the highest sale price (of goods and/or services) that you have run or expect to run as a Credit Card Transaction?: \$			
If yes- What months are you in operational?: From: To:	On average, how many times per year would you run your highest sale price?: Currency: CAD USD			

Banking Details

A copy of a Void Cheque or Bank Deposit Form is required.

Void Cheque must have the Business Name (Legal or DBA) printed on it.

Bank Deposit Form must show the Bank letterhead (Name, Logo, Address).

Choose which form of Banking Info you are sending:	Route (Bank) # Tr	ransit #	Account #
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Please note, this form does not designate a completed application, but is used to fill out our e-Applications which will be sent to you via you email provided for e-Signatures. If you require a paper application to be sent to you either by mail, or as an attachment, instead of an e-Application, please let us know by emailing us at info@peloton-technologies.com or calling Toll Free: <u>1-800-723-8108</u>

Any information you provide on this form is not shared or sold to any third party.

You can also fill out our Online Application From at https://applications.peloton-technologies.com/new



Office Use Only (to be filled out by Advisor)

Total Annual Revenue:			Equipment			
Visa Vol:	MC Vol:		Туре	Qty	Price	Rent/Purchase?
Interac Vol:	Discover Vol:					
Amex Vol: Funding Run: 9:30pm EST 11:30pm EST What type of transactio Internet: % Moto		%				
Delivery Time Frame (Da	ays):					
0-7: % 8-14:	% 15-30: % 31+:	%				
eCommerce Platform:						
Shopping Cart:			Advisor Notes:			
Payment Gateway:						
Auto Batch Time (EST):						
Software:						
Pricing						
Cost Plus: BPS	Flat Rate:	%				
CC Transaction:	Debit Trans:					
Monthly Admin Fee:						

Origination Questions

Have you met the merchant face to face? Yes No
If Yes, where did you meet the merchant?
Did you solicit the merchant or did the merchant reach out to you?
How did you receive the merchant lead?