



CHARGE Anywhere®

Distributor Application

Instructions

Applicants should fully complete all sections. Please signify items that are not applicable with "N/A." Please return the completed form via email to sales@chargeanywhere.com or fax to 732-417-4448.

Company Information

LEGAL NAME OF YOUR ORGANIZATION (COMPANY)	DBA (Doing Business As)	
<input type="text"/>	<input type="text"/>	
PRIVATE COMPANY	TAX ID NUMBER*	<input type="text"/>
PUBLIC COMPANY STOCK SYMBOL: _____	<input type="text"/>	
DATE OF INCORPORATION	D&B NUMBER*	
<input type="text"/>	<input type="text"/>	
OFFICE ADDRESS 1	OFFICE ADDRESS 2	
<input type="text"/>	<input type="text"/>	
CITY	STATE	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>
OFFICE PHONE NUMBER	COUNTRY	
<input type="text"/>	<input type="text"/>	
OFFICE FAX NUMBER	WEB SITE ADDRESS	
<input type="text"/>	<input type="text"/>	
<p>.....</p> <p>Check box if your Company has been a registered distributor of CHARGE Anywhere® in the past.</p>		
CHARGE ANYWHERE ACCOUNT NUMBER	CHARGE ANYWHERE SALES CONTACT NAME	
<input type="text"/>	<input type="text"/>	

* Financial statements and Tax Returns may be required if insufficient information is available.

Contact Information

BILLING CONTACT	BILLING PHONE NUMBER
<input type="text"/>	<input type="text"/>
BILLING E-MAIL	
<input type="text"/>	
SALES CONTACT	SALES PHONE NUMBER
<input type="text"/>	<input type="text"/>
SALES E-MAIL	
<input type="text"/>	
CUSTOMER SUPPORT CONTACT	CUSTOMER SUPPORT PHONE NUMBER
<input type="text"/>	<input type="text"/>
CUSTOMER SUPPORT E-MAIL	
<input type="text"/>	

Business Profile

Describe your business. What is unique about your value proposition?

Do you have experience selling products and services in the Merchant Service Industry similar to those offered by CHARGE Anywhere. If yes, please explain.

Why do you wish to become a Sales Partner?

List solutions similar to CHARGE Anywhere's that your Company is currently distributing from other providers:

What is your company's annual revenue?

Do you have branch offices?

No

Yes. If yes, how many? _____

If reselling other similar solutions, from who do you currently purchase them?

Number of Full -Time Employees:

Number of Sub Agents, if any:

Number of Merchants (Signed Last Year):

Number of Merchants (Total):

If reselling other similar solutions, how long have you been reselling them?

Target Merchant Industries

Sponsoring Bank (include contact name, phone and e-mail address)

Processor (include contact name, phone and e-mail address)

Covered Territories:

Local

Regional

National (United States)

International

List all territories covered

What is your distribution model? Do you sell to/through:

ISOs / Sub-agents

Directly to Merchants

Other _____

What are your top three business alliances?

What percentage of your company's budget is dedicated to marketing efforts?

Business Profile (continued)

Please name three vendor references with whom you are currently doing business and include their contact information, including Company Name, Contact Name, Phone Number and E-Mail:

How do you expect to promote CHARGE Anywhere's solutions? (Check all that apply)

Web

- Page Exposure
- Paid Advertising
- SEO (Search Engine Optimization)

E-mail marketing

Mail marketing

Print advertising

Events

Literature

- Catalog
- Brochure
- Other

Promotional Programs

Please explain:

Referral Information

How did you hear about us? (Check all that apply)

Website / Search Engine

Please indicate the specific source:

Social Networking (Facebook, Twitter, LinkedIn, etc.)

Please indicate the specific source:

Web Advertisement

Please indicate the specific source:

Marketing E-Mail

Please indicate the specific source:

Newspaper / Magazine Article

Please indicate the specific source:

Advertisement

Please indicate the specific source:

Tradeshow

Please indicate the specific source:

Other

Please indicate the specific source:



CHARGE Anywhere®

Distributor Application (continued)

Applicant(s) Information

OFFICER #1 NAME

TITLE

PHONE NUMBER

EMAIL ADDRESS

OFFICER #2 NAME

TITLE

PHONE NUMBER

EMAIL ADDRESS

Acceptance

I certify that I am an authorized officer of the Company and by signing this document, I authorize the Company to apply to become a CHARGE Anywhere Distributor. I authorize CHARGE Anywhere and its agents to conduct a background and a credit check on the Company. I understand that CHARGE Anywhere will use the information found in the background and credit checks to periodically evaluate the Company's viability to become and remain a Sales Partner.

Submitted by:

OFFICER #1 NAME (please print)

OFFICER #2 NAME (please print)

TITLE

DATE

TITLE

DATE

SIGNATURE

SIGNATURE