



SAGE PAYMENT SOLUTIONS

MO / TO INTERNET MERCHANT QUESTIONNAIRE

FOR OFFICE USE ONLY

OFFICE ID / NAME	REP NAME / ID #	APP ID #
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MERCHANT INFORMATION

MERCHANT ID #	DBA NAME
CONTACT NAME	PHONE #

QUESTIONS

- Type of Merchant: *(check all that apply)* Internet / On-Line Sales Mail / Telephone Order
- What product(s) or service(s) does your organization provide the cardholder? *(Please be specific)*

- Does your organization have a store front location? Yes No
If Yes, what is the physical address at business location?

- Are orders received and processed at business location? Yes No
- Where is inventory housed?

- Are any of the following aspects of your business outsourced to other companies? *(check all that apply)*
 Customer Service Product Shipment Handling of Returns Cardholder Billing
- How are products / services marketed?

- Describe your refund / cancellation policy? *(include restocking charges, if applicable)*

- By what methods do sales take place? *(i.e., internet, trade shows, etc.)*

- Please explain your billing / delivery policy:
 Full Payment upfront with ____ days until product / service delivery.
 Partial Payment required upfront with ____ % required and with ____ days until final product / service provided.
 Payment received after product / service is provided.

- If product / service delivery requires recurring billing, please explain available billing options:
 Monthly Quarterly Semi-Annually Annually

- What is the customer service number? *(toll-free preferred)*

- Merchant Web Site URL Listing:

SIGNATURE & ACCEPTANCE

Merchant signature attests to the accuracy provided and agrees that any change in the business described in this addendum will not be implemented without authorization from Sage payment Solutions

MERCHANT SIGNATURE

SALES REPRESENTATIVE

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MERCHANT NAME (PLEASE PRINT)

DATE

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