

## New Business Opportunity **Licensed Dealer Program Application**

The information you provide in your application is very important. This information allows us to profile your company to better provide you with the tools you need to grow your business with Merchant Service Group.

Your profile will allow us to:

- Determine your eligibility in the Licensed Dealer Program.
- Distribute qualified sales referrals to you.

This application form is designed to give us a clear picture of your business. The time you invest in completing this form will prove to be well spent as we develop our relationship with you. Please provide all the information requested to ensure your application is processed promptly.

Certain areas of this application are marked confidential. Information in these areas will not be released without your consent.

**Please complete and print out this form.**

**Once complete fax to:  
(888) 843-9804**

**1**

**Contact Information**

Legal Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Best time to call: \_\_\_\_\_

**2**

**Education**

**College:**  
Name and Location: \_\_\_\_\_  
Degree: \_\_\_\_\_ Year Graduated: \_\_\_\_\_  
**High School:**  
Name and Location: \_\_\_\_\_  
Degree: \_\_\_\_\_ Year Graduated: \_\_\_\_\_  
**Other:**  
Name and Location: \_\_\_\_\_  
Degree: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

**3**

**Sales Experience**

Name of Business: \_\_\_\_\_  
Products Sold: \_\_\_\_\_  
Number Sold: \_\_\_\_\_ Years Employed: \_\_\_\_\_  
Name of Business: \_\_\_\_\_  
Products Sold: \_\_\_\_\_  
Number Sold: \_\_\_\_\_ Years Employed: \_\_\_\_\_

**4**

**Other Work Experience**

Name of Business: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Title: \_\_\_\_\_ Years Employed: \_\_\_\_\_  
Name of Business: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Title: \_\_\_\_\_ Years Employed: \_\_\_\_\_

**5 Marketing**

How do you plan to market the products and services?  
 Please provide specific examples of industry publications, trade shows, etc.

**6 Personal References**

Please provide 3 Personal References  
**(MANDATORY AND CONFIDENTIAL)**

Full Name	Relationship	Telephone
_____		
_____		
_____		

**7 Web Site**

Does your company currently have an Internet Website?

- Yes, My URL is http:// \_\_\_\_\_
- No

**8 Personal Information**

Tell us information about you that could help us get to know you better.  
**(CONFIDENTIAL)**

Rent or Own your Home? \_\_\_\_\_ Years in Location: \_\_\_\_\_

Do you own a Vehicle? \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Are you married? \_\_\_\_\_ Family? \_\_\_\_\_

Do you own a Computer? \_\_\_\_\_ Specifications: \_\_\_\_\_

Do you own a Laptop? \_\_\_\_\_ Specifications: \_\_\_\_\_

What Financial Resources do you have to start your Business? \_\_\_\_\_

Why do you feel you'll be successful in the Merchant Service Business? \_\_\_\_\_

Are you subject to any confidentiality or non-compete agreements that may affect your relationship with MSG?

- Yes, Describe \_\_\_\_\_
- No

**Mail:** MerchantService.com  
 341 Interstate Blvd  
 Sarasota, FL 34240  
 Attn: Julie Kauzlarich – Vice President

**Email:** [juliek@merchantservice.com](mailto:juliek@merchantservice.com)  
**Fax:** (888) 843-9804