Merchant Pre-Application

Tell us about your business and we'll prepare your merchant application. It takes about 10 minutes.

1-844-4-SOVARA
info@sovarapay.com

Packet checklist

- [ ] Completed Merchant Pre-Application (this form)
- [ ] Copy of a voided check for the deposit account
- [ ] Your last 3 months of processing statements, if you take cards today

RETURN COMPLETED DOCUMENTS TO your Sovara Pay rep

Keep it safe: this form holds Social Security and bank account numbers. Hand it to your rep in person, and please don't send it by regular email.

What happens next

1. Your Sovara Pay rep reviews this form with you.
2. We prepare your merchant application with First Nationwide Payments.
3. You review and sign the application. Every rate and fee is in writing first.
4. Once approved, we set up your equipment or gateway and schedule your go-live.

1 Merchant signer

The owner or officer who signs the merchant agreement

START DATE

SIGNER'S FULL LEGAL NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

HOME ADDRESS street, city, state, ZIP

HOME PHONE

CELL PHONE

CONTACT EMAIL

OWNERSHIP %

FOREIGN PASSPORT: COUNTRY if applicable

FOREIGN PASSPORT: NUMBER

FOR SOVARA PAY USE

SOVARA PAY REP

DATE RECEIVED

2 Business information

LEGAL BUSINESS NAME

DBA doing business as

US CORPORATE ADDRESS street, city, state, ZIP

FEDERAL TAX ID EIN

BUSINESS TYPE LLC, corporation, sole proprietor, partnership

PRODUCTS AND SERVICES SOLD

BUSINESS START DATE required · month / day / year

NUMBER OF EMPLOYEES

3 Card processing

Estimates are fine

ESTIMATED AVERAGE SALE

ESTIMATED HIGHEST SALE

ESTIMATED GROSS ANNUAL SALES

ESTIMATED ANNUAL CARD SALES

CURRENT PROCESSOR

CURRENT MERCHANT ID MID

4 Deposit account

Where your card sales are deposited

BANK NAME

ACCOUNT NUMBER

ROUTING NUMBER

Please include a copy of a voided check for this account.

5 Anything else we should know

Optional

NOTES FOR YOUR SOVARA PAY REP

6 Online and customer contact

CUSTOMER SERVICE EMAIL

CUSTOMER SERVICE PHONE

WEBSITE

ECOMMERCE SHOPPING CART e.g. Shopify, WooCommerce

PAYMENT GATEWAY e.g. Authorize.net, NMI

MAILING ADDRESS if different from the corporate address

7 Other services needed

Tick yes for anything we should help you set up

DO YOU NEED	YES	NO
A US corporate address A registered US business address	☐	☐
A US Federal Tax ID (EIN) From the IRS, for the business	☐	☐
State corporate registration Forming or registering the company in a US state	☐	☐
A US bank deposit account A US account to receive card deposits	☐	☐
A US ecommerce website A website or online store to sell from	☐	☐
Logistics services Shipping, fulfillment or warehousing	☐	☐

8 Signature

I confirm that the information in this pre-application is true and complete to the best of my knowledge, and I authorize Sovara Pay to use it to prepare my merchant application. This pre-application is not a merchant agreement: final rates and terms are confirmed in writing by First Nationwide Payments in your merchant agreement.

SIGNATURE

DATE

PRINTED NAME

TITLE

Sovara Pay™ is a trade name of Sovara Solutions, LLC, 30 N Gould St #7896, Sheridan, WY 82801, used under license from Sovara Brands, LLC, which owns the Sovara Pay marks. Sovara Pay refers merchants to First Nationwide Payments, Inc., a registered ISO of Citizens Bank, N.A., Providence, RI, which provides merchant accounts, pricing and applications.