

PRE-APPROVAL APPLICATION FORM



In order to provide you with the best cooperation proposal, we kindly ask you to fill a brief application

1. Contact information

Merchant

Company name	Registration No.
<input type="text"/>	<input type="text"/>
Street, House No	Phone
<input type="text"/>	<input type="text"/>
ZIP code / Postcode, City	E-mail
<input type="text"/>	<input type="text"/>
Country	Company URL
<input type="text"/>	<input type="text"/>

Contact person

Name, Surname	Direct phone / Mobile phone
<input type="text"/>	<input type="text"/>
Business title	E-mail
<input type="text"/>	<input type="text"/>

2. Company name/jurisdiction

3. Business description

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4. Does your business require special license/permission?

Yes No

Do you own such license/permission (if required)?

Yes No

5. Planned monthly turnover in the next 6 months

Month Monthly turnover

1 st	<hr/>
2 nd	<hr/>
3 rd	<hr/>
4 th	<hr/>
5 th	<hr/>
6 th	<hr/>

6. Required currencies

7. Average transaction sum/volume

8. The geography of consumers expressed in percent (Europe, USA, CIS, Asia, other countries)

Region Consumers, %

Europe	<hr/>
USA	<hr/>
CIS	<hr/>
Asia	<hr/>
Other	<hr/>