



1029 Mumma Road, PO Box 8863, Camp Hill, PA 17001-8863
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 www.memoco.com

Affiliation ID _____
 Lead Tracking # _____
 Agent ID # _____
 PFMA ID # _____

AGENCY APPLICATION

Money Orders Bill Payments

Date: _____
 Corporate Business Name: _____
 DBA Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 County: _____ E-Mail Address: _____
 Phone Number: _____ Fax Number: _____
 Type of Business: C-Store Grocery Store Check Cashier Other _____
 Legal Structure: Corporation Partnership Proprietorship L.L.C.

List All Owners/Officers Owning 10% Or More Of Outstanding Stock (use additional paper if necessary):

1. Principal Name: _____ Title: _____ % Stock Owned: _____
 SS#: _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: _____ Cell Phone: _____
 E-Mail Address: _____ Residence: Own Rent

2. Principal Name: _____ Title: _____ % Stock Owned: _____
 SS#: _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: _____ Cell Phone: _____
 E-Mail Address: _____ Residence: Own Rent

Contact Person For Weekly Money Order Report(s): _____
 Date Present Ownership Started: _____
 Building: Own Lease Lessor Name: _____ Phone: _____
 Federal Tax ID #: _____ State Sales Tax ID #: _____

Trade References: List Three (3) Current Suppliers That Extend You Credit Terms: (NO CODs)

	<u>Name</u>	<u>City/State</u>	<u>Account #</u>	<u>Phone #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Bank References:

1. Name: _____ City: _____ State: _____
 Phone: _____ Business Account #: _____ Loan #: _____
 2. Name: _____ City: _____ State: _____
 Phone: _____ Business Account #: _____ Loan #: _____

DO YOU HAVE:	YES*	NO	DO YOU CURRENTLY OFFER:	YES	NO
1. Criminal Suits in Process or Conviction(s)?	<input type="checkbox"/>	<input type="checkbox"/>	1. State Lottery?	<input type="checkbox"/>	<input type="checkbox"/>
2. Civil Suits in Process?	<input type="checkbox"/>	<input type="checkbox"/>	2. Money Orders?	<input type="checkbox"/>	<input type="checkbox"/>
3. Bankruptcy Record?	<input type="checkbox"/>	<input type="checkbox"/>	3. Gift Certificates?	<input type="checkbox"/>	<input type="checkbox"/>
4. Judgment(s)?	<input type="checkbox"/>	<input type="checkbox"/>	4. Prepaid Products?	<input type="checkbox"/>	<input type="checkbox"/>
5. Income From Other Sources?	<input type="checkbox"/>	<input type="checkbox"/>	5. Bill Payments?	<input type="checkbox"/>	<input type="checkbox"/>
6. Fax Machine With a Dedicated Line?	<input type="checkbox"/>	<input type="checkbox"/>	6. Wire Transfer?	<input type="checkbox"/>	<input type="checkbox"/>
7. Computer?	<input type="checkbox"/>	<input type="checkbox"/>	7. Check Cashing?	<input type="checkbox"/>	<input type="checkbox"/>
			8. Other Services/Specify _____		

*PLEASE GIVE DETAILS: _____

HAVE YOU EVER SOLD MONEY ORDERS FOR ANOTHER COMPANY? NO YES (If YES, answer the following):

Name of Previous Money Order Company: _____

Account Number: _____ Date: From _____ To _____

Please Explain Why You are Changing Companies: _____

Remarks: _____

MEMO Privacy Policy: MEMO does not give any nonpublic personal information about MEMO Agents or Applicants to any company, person or individual except as required by law and as described herein. The Applicant(s) expressly authorizes MEMO and any business or consumer reporting agency employed by MEMO to receive and investigate, before and or after becoming an Agent, the above information and any other information obtained from the Applicant(s) or from any other persons as to the Applicant's conduct and qualifications while serving as an Agent of or obligated to MEMO as a money order Agent, all without causing any liability whatsoever to arise therefrom. MEMO discloses agent information (including account numbers and other nonpublic personal information) to its service providers to the extent necessary to complete the business transactions of the products and services MEMO offers to agents and consumers. MEMO provides Agent Identifying Information to those businesses which MEMO employs or has an agreement to jointly market goods or services. MEMO will not disclose Agent Identifying Information to a nonaffiliated third party that does not agree by contract to protect and not disclose all nonpublic personal information to other nonaffiliated third parties. Agent Identifying Information consists of business name, business address, business telephone number and owner/controlling officer's name(s). Agents or Applicants may choose not to have their information provided to anyone by MEMO, except service providers, as required by law, and pursuant to an investigation performed by MEMO described above, by marking the box below.

Please do not provide my information to anyone other than service providers, as required by law, and pursuant to an investigation performed by MEMO.

I certify that the above information is correct and understand that any MEMO Agency offered to me or my company (partnership, corporation or otherwise) by Merchants Express Money Order Company, Inc. and/or Subsidiaries (MEMO) will be conditioned thereon. I or we hereby authorize MEMO and any business or consumer reporting agency employed by MEMO to receive and investigate the above information and any other information obtained from me or us from any other person relating in any way to my or our eligibility for such agency, to make inquiries of all persons and of others having knowledge of me or us, and to answer inquiries from other persons as to my or our conduct and qualifications while serving us or obligated to MEMO as a money order agent, all without causing liability whatsoever to arise therefrom. This application must be signed by the sole proprietor, a general manager or an authorized corporate officer. In any event, the person signing this application certifies he or she has the authority to enter into a binding contract(s) on behalf of the applicant.

Applicant Name: _____ **Title:** _____

Authorized Signature: _____ **Date:** _____

*****PLEASE ATTACH PERSONAL AND BUSINESS FINANCIAL STATEMENTS*****

Note: All personal and business financial statements are treated as highly confidential and shall be used to assist with the approval process. The financial statements will remain part of MEMO's permanent records.

ADDITIONAL INFORMATION: _____

FOR INTERNAL USE ONLY

Approved **Denied** **By:** _____ **Date:** _____

Notes/Comments: _____

Estimated Weekly Money Orders Sold _____ MEMO Fee _____ Retail Fee _____

Machine Fee _____ per week / month (circle one) Draft Schedule _____

Equipment

VeriFone Other (Specify): _____ Credit Limits _____

Submitted By: _____ Date: _____



BANK AUTHORIZATION FORM

BANK NAME: _____

BANK ADDRESS: _____

OWNER'S AUTHORIZATION (sign and date): _____ STORE NAME: _____

X _____ OWNER'S NAME: _____

RETAILER - PLEASE COMPLETE, SIGN and DATE THE ABOVE SECTION ONLY. DO NOT WRITE BELOW THIS LINE.

We (MEMO) are currently reviewing an application with the above business to provide money services products to consumers which are funds that would be held in a Trust Account on our behalf. This business has provided your bank as a reference; hence, we would appreciate your completing the information below. The authorized signature verifies approval to release the requested account information on a continuous basis. Be assured that any information you provide will be held in strict confidence.

Accounts

Account Number	(1) _____	(2) _____
Date Account Opened	_____	_____
Average Balance	\$ _____	\$ _____
Current Balance	\$ _____	\$ _____
Number of NSF's (if any)	_____	_____
Is This a Trust Account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:	_____	

Loans

BORROWING _____ (PLEASE COMPLETE BELOW) NON-BORROWING _____

Account Number	(1) _____	(2) _____
Date Opened	_____	_____
High Credit	\$ _____	\$ _____
Secured By	_____	_____
If Unsecured, Guarantor	_____	_____
Outstanding Balance	\$ _____	\$ _____
Remarks:	_____	

Bank Employee Signature: _____

Title: _____

Date: _____

Phone Number: _____

Thank you for your prompt reply. Enclosed for your convenience, if applicable, is a postage-paid envelope.

Sincerely,

MEMO Credit Department

VENDOR PAYMENTS REQUEST FORM



STORE NAME: _____ LEAD#: _____ AGENT #: _____

RETAILER – PLEASE ATTACH A CURRENT INVOICE FOR EACH VENDOR LISTED BELOW. THANK YOU.

OFFICE USE ONLY

Vendor Name _____ Contact Name _____
 Acct # _____ Phone # _____ Fax # _____
 Amount Requested \$ _____ CIRCLE ONE: NEW CHANGE ADD DELETE

NSFs: YES ___ NO ___
 Good Standing: YES ___ NO ___
 Wkly Amt Approved \$ _____

Vendor Name _____ Contact Name _____
 Acct # _____ Phone # _____ Fax # _____
 Amount Requested \$ _____ CIRCLE ONE: NEW CHANGE ADD DELETE

NSFs: YES ___ NO ___
 Good Standing: YES ___ NO ___
 Wkly Amt Approved \$ _____

Vendor Name _____ Contact Name _____
 Acct # _____ Phone # _____ Fax # _____
 Amount Requested \$ _____ CIRCLE ONE: NEW CHANGE ADD DELETE

NSFs: YES ___ NO ___
 Good Standing: YES ___ NO ___
 Wkly Amt Approved \$ _____

Vendor Name _____ Contact Name _____
 Acct # _____ Phone # _____ Fax # _____
 Amount Requested \$ _____ CIRCLE ONE: NEW CHANGE ADD DELETE

NSFs: YES ___ NO ___
 Good Standing: YES ___ NO ___
 Wkly Amt Approved \$ _____

Vendor Name _____ Contact Name _____
 Acct # _____ Phone # _____ Fax # _____
 Amount Requested \$ _____ CIRCLE ONE: NEW CHANGE ADD DELETE

NSFs: YES ___ NO ___
 Good Standing: YES ___ NO ___
 Wkly Amt Approved \$ _____

Vendor Name _____ Contact Name _____
 Acct # _____ Phone # _____ Fax # _____
 Amount Requested \$ _____ CIRCLE ONE: NEW CHANGE ADD DELETE

NSFs: YES ___ NO ___
 Good Standing: YES ___ NO ___
 Wkly Amt Approved \$ _____

Vendor Name _____ Contact Name _____
 Acct # _____ Phone # _____ Fax # _____
 Amount Requested \$ _____ CIRCLE ONE: NEW CHANGE ADD DELETE

NSFs: YES ___ NO ___
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NSFs: YES ___ NO ___
 Good Standing: YES ___ NO ___
 Wkly Amt Approved \$ _____

Vendor Name _____ Contact Name _____
 Acct # _____ Phone # _____ Fax # _____
 Amount Requested \$ _____ CIRCLE ONE: NEW CHANGE ADD DELETE

NSFs: YES ___ NO ___
 Good Standing: YES ___ NO ___
 Wkly Amt Approved \$ _____

I decline to use MEMO's Vendor Payments program at this time. I may enroll in MEMO's Vendor Payments program at a later date. By declining to use MEMO's Vendor Payments program, I understand that the use of MEMO money orders to pay vendors is prohibited and may result in termination of the money order agency relationship.

TRUSTEE'S SIGNATURE: _____ DATE: _____

CREDIT DECISION: APPROVED DENIED BY: _____ DATE: _____

COMMENTS: _____