

# Completing the Advance Me, Inc. Pre-Qualification Referral Form

## Overview

RBS WorldPay recognizes merchants that have obtained immediate working capital in the form of a cash advance from a third-party merchant funding company or “MFC.” In exchange for receiving cash from an MFC, merchants agree to pay a percentage of their daily net settlement to the MFC. Essentially, the MFC purchases a percentage of a merchant’s future daily net settlement of acquirer-payable transactions (e.g., a merchant may “sell” an MFC \$35,000 in future card sales in exchange for \$25,000 in instant cash). RBS WorldPay processes the payments for this arrangement, which is called “split settlement.”

RBS WorldPay currently supports two MFCs: AdvanceMe, Inc. (AMI) and RapidAdvance. The AE can choose to present both partners to the merchant, or just one. The merchant can also complete referral forms for both partners and then choose the MFC based on follow-up discussions with the partners.

The purpose of this job aid is to provide instructions on completing a new form required for merchants that wish to obtain a cash advance from AMI.



### Note

Both the AMI and Rapid Advance referral forms are available in the “Marketing Materials” section on MyRBSWorldPay.

## Completing the Form

The form has three main sections:

- Merchant Information
- Credit Authorization
- Sales Information



### Note

- With the exception of “Requesting Funding Parameters”, each section and box within each section must be completed. AMI will not process incomplete Pre-Qualification forms.
- AMI will contact the merchant via phone shortly after receiving the referral form to communicate the status of the merchant’s application.

## Section 1A: Merchant Information

The majority of the data required can be obtained from the Customer Processing Agreement (CPA). The business rent/mortgage amount (monthly) and gross annual sales are not provided on the CPA (or the existing processor statement).

Merchant Information		Fax to 1-866-955-7672		Date: _____	
Business Legal Name:			Business DBA Name:		
Type of Business Entity (Check One)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership
Does the Merchant have any other businesses with current AdvanceMe contracts?					
Physical Street Address:			City:	State:	Zip Code:
Billing Street Address (if different than above):			City:	State:	Zip Code:
Physical Location Phone #:		Billing Location Phone #:		Preferred Contact Phone #:	
Industry Type: (SIC Code or Description):		Business Rent/Mortgage Amount (Monthly):		Average Q/C ticket amount:	
Gross Annual Sales (All revenue: As shown on previous year Tax return):		Date the Business first processed Credit Cards under current Ownership:			
List the total VISA/MasterCard processing volumes from previous four months:		Last Month: \$	Two Months Ago: \$	Three Months ago: \$	Four Months Ago: \$

The following table provides the steps for completing the Merchant Information section:

Step	Action
1.	Record merchant information that is listed on the CPA or processing statements.
2.	Interview the merchant to collect the remaining required information.

## Section 1B: Owner/ Officer

Owner/Officer		Primary Contact <input type="checkbox"/>		Job Title:	
Last Name:	First Name:	SS#:	Date of Birth:	Home Phone:	
Street Address:			City:	State:	Zip Code:

The following table provides the steps for completing the Owner/Officer section:

Step	Action
1.	Record owner/officer information that is listed on the CPA.

## Section 2: Credit Authorization

### Credit Authorization

The above listed Merchant and Owner(s) / Officer(s) (collectively hereafter "Applicants") represent that the information contained on this Contract Application Form and the credit card processor statements provided to AMI are true and correct, and Applicants will immediately notify AMI of any financial change in said Merchant. Applicants hereby authorize AMI to obtain on any of the Applicants any investigative reports, credit reports (Business and Personal), statements from creditors or financial institutions, verification of information provided by any of the Applicants, or any other information that AMI deems necessary. Applicants hereby authorize the release by any creditor or financial institution to AMI of any information relating to any of the Applicants. Applicants waive and release any claims against AMI or any creditor or financial institution arising from any act or omission relating to the obtaining or release of information sought by AMI. **Applicants agree that any pre-qualified offers made by or on behalf of AMI are confidential and may not be disclosed to third parties (other than to Applicants' legal or financial advisors or as required by law), except at AMI's express, written direction.**

Owner / Officer's Name: \_\_\_\_\_

Owner / Officer's Signature: \_\_\_\_\_

The following table provides the steps for completing the Credit Authorization section:

Step	Action
1.	Ensure that the Owner/Officer agrees to all terms and conditions of AMI including but not limited to the collection of a credit report, verification of information from the individual, and waive any claims against AMI.
2.	Instruct the Owner/Officer to print and sign his or her name.

## Section 3A: Sales Information

### Sales Information (To be completed by Sales Representative)

Sales Rep #:

Sales Rep Name:

Sale Rep Contact #:

Additional Contact #:

E-Mail Address:

The following table provides the steps for completing the Sales Information section:

Step	Action
1.	The AE will provide their sales agent ID, name and contact information.
2.	This information will be used to ensure that proper credit is issued to an AE.

## Section 3B: Requested Funding Parameters

### Requested Funding Parameters:

Product: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_  
 Specified Percentage: \_\_\_\_\_ Specified Amount: \$ \_\_\_\_\_

The following table provides the steps for completing the Sales Information section:

Step	Action
1.	Leave this section blank. Representatives from AMI will complete this section.

## Submitting the Form

The AE should fax the completed referral form to AMI. The fax number is provided at the top of the form.



**Pre- Qualification Form**

**Fax to 1-866-955-7672**



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**Merchant Information** Date: \_\_\_\_\_

Business Legal Name: \_\_\_\_\_ Business DBA Name: \_\_\_\_\_

Type of Business:  Sole Proprietorship  Corporation  Limited Liability Company  Partnership  Limited Partnership  Limited Liability Partnership  Sole Proprietor

Does the Merchant have any other businesses with current AdvanceMe contracts? \_\_\_\_\_

Physical Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Billing Street Address (if different than above): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Location Phone #: \_\_\_\_\_ Billing Location Phone #: \_\_\_\_\_ Preferred Contact Phone #: \_\_\_\_\_

Industry Type: (BIC Code or Description) \_\_\_\_\_ Business Rev/Mortgage Amount (Monthly) \_\_\_\_\_ Average CC \$/chat amount: \_\_\_\_\_ Average # of CC Tickets per month: \_\_\_\_\_

Gross Annual Sales (All revenue: As shown on previous year Tax return) \_\_\_\_\_ Date the Business first processed Credit Cards under current Ownership: \_\_\_\_\_

List the total VISA/MasterCard processing volumes from previous four months:

Last Month:	Two Months Ago:	Three Months Ago:	Four Months Ago:
\$ _____	\$ _____	\$ _____	\$ _____

Owner/Officer:  Primary Contact  Job Title: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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**Credit Authorization**

The above listed Merchant and Owner(s) / Officer(s) (collectively hereafter "Applicants") represent that the information contained on this Contract Application Form and the credit card processor statements provided to AMI are true and correct, and Applicants will immediately notify AMI of any financial change in said Merchant. Applicants hereby authorize AMI to obtain on any of the Applicants any investigative reports, credit reports (Business and Personal), statements from creditors or financial institutions, verification of information provided by any of the Applicants, or any other information that AMI deems necessary. Applicants hereby authorize the release by any creditor or financial institution to AMI of any information relating to any of the Applicants. Applicants waive and release any claims against AMI or any creditor or financial institution arising from any act or omission relating to the obtaining or release of information sought by AMI. Applicants agree that any pre-qualified offers made by or on behalf of AMI are confidential and may not be disclosed to third parties (other than to Applicants' legal or financial advisors or as required by law), except at AMI's express, written direction.

Owner / Officer's Name: \_\_\_\_\_

Owner / Officer's Signature: \_\_\_\_\_

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**Sales Information (To be completed by Sales Representative)**

Sales Rep #: \_\_\_\_\_ Sales Rep Name: \_\_\_\_\_ Sales Rep Contact #: \_\_\_\_\_

Additional Contact #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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**Requested Funding Parameters:**

Product: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_  
 Specified Percentage: \_\_\_\_\_ Specified Amount: \$ \_\_\_\_\_