

MOTO/Internet Merchant Questionnaire

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Directions: Have merchant complete this questionnaire, sign, and include with application when merchant has MOTO and/or Internet transactions.

Question	Response
1. Provide a brief description of products or services offered.	Accounts receivables management
2. In what geographical areas will your products be sold or services are offered?	
3. How does the business advertise?	<input type="checkbox"/> Direct Mail <input type="checkbox"/> Internet (list URLs below) <input type="checkbox"/> Yellow Pages N/A <input type="checkbox"/> Magazines <input type="checkbox"/> Radio/Television
4. How are your products or services sold?	<input type="checkbox"/> Internet <input checked="" type="checkbox"/> Phone Inbound _____ <input type="checkbox"/> In-Person <input type="checkbox"/> Order Outbound _____ <input type="checkbox"/> Mail Order
5. Who processes the order for the cardholder?	<input checked="" type="checkbox"/> Merchant <input type="checkbox"/> Other _____ <input type="checkbox"/> Fulfillment Center
6. Who enters credit card information into the processing system?	<input checked="" type="checkbox"/> Merchant <input type="checkbox"/> Fulfillment Center <input type="checkbox"/> Consumer <input type="checkbox"/> Other _____
7. After charge authorization, how long until product ships?	N/A
8. Who ships the product?	<input type="checkbox"/> Merchant <input type="checkbox"/> Fulfillment Center (provide name, phone #, contact name) N/A
9. Are products in stock or direct shipped from manufacturer?	<input type="checkbox"/> In Stock N/A <input type="checkbox"/> Shipped from manufacturer
10. What shipping service is used?	<input type="checkbox"/> US Mail <input type="checkbox"/> Other: N/A
11. What type of service is used?	<input type="checkbox"/> Regular <input type="checkbox"/> Overnight <input type="checkbox"/> Other: N/A
12. Is signature required before product is delivered to customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No N/A
13. Is delivery receipt requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No N/A
14. Briefly describe your refund policy.	N/A
15. What are your website addresses?	
16. Will we find any negative comments about your business or your service in a general Google Search or on negative opinion blogs. I.e: RipOff Report – if so why?	

I have reviewed and agreed that the information reflected above is true and correct to the best of my knowledge.

Merchant Signature	Printed Name	Title	Date