



AUTHORIZED AGENT PRE-QUALIFICATION FORM Please Fax to 1-866-407-2187

SYSTEM REQUIREMENTS

PC	Phone	Web	PC/Phone	WEB/PHONE	Territory Manager
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CASH MANAGEMENT METHOD

Deposit at Barri Store	Bank Deposit (Barri Bank Account)	Bank Name	ACH (Agent Bank Account)
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BUSINESS INFORMATION

Type of Business							
Sole Proprietorship	Limited Liability Company (LLC)	Corporation	Partnership				
Class of Trade							
C-Store	Multiservice	Grocery/Food Mart	Restaurant	Retail	Other		
Money Transfer Agent?				Ever been Terminated?		Current Money Transfer Companies	
Previous	Present	No	Yes	No			

Barri Services Requested

Money Transfer	Check Cashing	Money Order	Bill Payment	Reloads	Other
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ENTITY INFORMATION

Business Legal Name					Phone	
DBA			Federal Tax ID		Fax	
Address				City	ST	Zip
Yrs at location	Business Start Date	Own or rent property?		E-Mail		

OWNER INFORMATION **% Ownership ***

Full Name					Title	
Address				City	ST	Zip
SSN or ITIN (circle)		DOB	Phone	Cell		
Driver's License #		ST	Expiration	Fax	E-Mail	

OWNER or CO-SIGNER INFORMATION (if co-signer required) **% Ownership ***

Full Name					Title	
Address				City	ST	Zip
SSN or ITIN (circle)		DOB	Phone	Cell		
Driver's License #		ST	Expiration	Fax	E-Mail	

* If ownership total percentage is below 100%, complete additional owners info sheet

BACKGROUND VERIFICATION AUTHORIZATION

Have you, your company, or any of your partners, managers or associates ever been sued or convicted?	Yes	No
Have you, your company, or any of your partners, managers or associates ever declared bankruptcy?	Yes	No
Do you comply with all licensing and authorization requirements for your particular business (including corporate taxation)?	Yes	No

Upon signing this application I authorize Barri Money Services and firms that collect information on its behalf to obtain information regarding my business and personal credit, including running personal credit reports; and to obtain other information from government sources and elsewhere including my criminal history and similar information in order to investigate and evaluate this inquiry. The undersigned further agrees that neither Barri Money Services nor anyone who has furnished Barri Money Services any information concerning the Business or the undersigned shall be responsible for any loss or damages the business or the undersigned may claim as resulting from verification, receipt, exchange, or obtaining business and/or personal credit, criminal history, or other business and/or personal information. Barri Money Services reserves the right to decline this application as its sole discretion. Finally, I hereby certify that the information provided herein and in any accompanying documentation is true, accurate, and legitimate.

Applicant's Signature	Date	Applicant's Signature	Date
_____	_____	_____	_____

FOR INTERNAL USE ONLY

Product	Money Transfer	Check Cashing	Money Orders	Bill Payments	Domestic Reloads	Int. Reloads
Comm						See Comm Schedule