TEMPOE | MERCHANT APPLICATION

Please fill out all fleids and submit (button at the bottom of the form) or email the form to: enrollment@TEMPOE.com. If you have questions, please contact us at 844-9TEMPOE. Once we have received the enrollment form and the required documents, your TEMPOE Account Manager will contact you to assist you through the enrollment process.

REQUIRED DOCUMENTS

- Completed Application
- Completed Multiple Location Form (if applicable)

- Copy of Sales Invoice
- Copy of a Voided Check

Master Merchant A	.greement	(must have company name printed on it)			
BUSINESS OWNE	R INFORMATION	Storefront Picture			
Company Principal/Owner	r Name:				
		Owner Phone:			
		y:			
STORE INFORMAT					
Company Name (legal):		DBA:			
		Years in Business:			
		Email:			
		Sole Prop O			
Buying Group Name:		1embership #: Division/R	egion:		
		osite Address:			
		Sq. Footage:			
		urniture: % Mattress:			
What Other Finance Options D					
1	Approval Rat	:% Percent of Your Tot	tal Finance Business:%		
2	Approval Rat		al Finance Business: %		
3	Approval Rat		al Finance Business: %		
What Type of Items Do You Sei	II: ONew OUsed OBoth				
Are You Interested in Participat	ting as a Recovery Agent: OYES		_		
low did you hear about us?	·				
		(company) s			
he information provided is t nformation provided.	true and accurate. TEMPOE is auth	orized (if applicable) to verify the accur	racy of the statements and		
Authorized Signature:					
rint Name:		Date:			
	FOR OFFIC	E USE ONLY			
lotes:					
	<u></u>				
		_ ISR	? :		

TEMPOE | MULTIPLE LOCATION FORM

Please complete this form for all locations (if applicable) and submit with your enrollment documents.

STORE INFORMATION	<u> </u>					
Company Name (legal):			DBA:			
Phone:	Fax:		Years in Business:			
Address:						
Federal ID #:			OSole Pr	op Partne	rship OCorp	OLL
Buying Group Name: Meml			bership #: Division/Region:			
E-Commerce Site: OYES ON	NO% of Busines	ss Website Address	5:	·		
Number of Stores: Total An	nual Sales:	Sq. Foot	age:	# of	Sales People: _	
Sales Mix: Appliance: %	Electronics:	% Furniture:	% Mattres	ss:9	% Other:	%
What Type of Items Do You Sell:	O New O Used (Both Are	Your Sales People:	: OCommissi	on OSalary O	Both
			(This will help develop	o the sales training to ma	ximize your sales.)	
STORE CONTACT INFO	DRMATION		·			
Primary Store Contact:			Phone (if different from above):			
Title:						
BANKING INFORMATION	ОИ	,				
s the banking information for th	s location the same a	as the parent location	n: OYES ON	0		
If NO , please include a copy of the	e voided check with c	company name.				

TEMPOE | AUTHORIZED AGENTS

For both your protection and ours, please provide us with a list of names, titles and the signature of each individual who is authorized to receive or discuss information and/or make decisions on behalf of your company.

Company Name (legal):		- <u> </u>		
Address:				
Name:		Title:		
Signature:				
Merchant Agreement	• Account Information	OUsernames & Passwords	Funding Inquiries	Banking Information
Name:		Title:		
Signature:				
Merchant Agreement	Account Information	OUsernames & Passwords	• Funding Inquiries	Banking Information
Name:		Title:	1.444	
Signature:				
OMerchant Agreement	Account Information	OUsernames & Passwords	OFunding Inquiries	OBanking Information
lf at any time		dd any authorized agent you n <u>FEMPOE.com</u> or fax to 844-9TI		writing to
(Sig	nature below must match	the authorized signature on th	e merchant application)
Authorized Signature:				
Print Name:			Date:	