NextGen Pay Order Form & Merchant Application Checklist

Here is a checklist of all the information you will be asked to provide for your merchant application. Within 24 hours of submitting your signed NextGen Pay powered by InstaMed contract, InstaMed will contact you to schedule your Merchant Application call. If you have everything on this list, you will be able to complete your merchant application in that 10-minute call. If you have any questions regarding this checklist, please direct them to InstaMed.

Prerequisites

To get started, collect:

- Legal name and Tax ID for the organization this can be found on your IRS TIN Letter
- Organization Billing NPI- this is typically a Type 2/Group NPI associated with billing
- Date of birth and social security numbers of any individuals with 25% or more ownership of the business
- Tax ID of any entity with a 25% or more ownership in the business
- Banking Information for all relevant depository and/or fee accounts

NextGen Pay Order Form

Page 1: Pricing

☐ Review and confirm pricing, selected solutions and device items.

Page 2: Contact & Bank Account Information

- ☐ All primary contact info is filled out complete
- ☐ Billing Address is populated (this should be your Accounts Payable address)
- ☐ Bank name, routing and account number are filled in completely

Page 3: Authorization

- ☐ All fields are filled in and signature is dated
- ☐ If signature is electronic, Adobe watermark must be visible
- ☐ Authorized signer must be an employee of the merchant.

 Third Party signer not supported. Signature cannot contain initials/nicknames must be legal name of individual





NextGen Pay Merchant Application

ge 4: Customer Information	(Page 6 continued)		
All fields are filled in		If a Public Corp or Trust owns more than 25% (as identified	
Legal name matches IRS TIN letter. Include your type of organization. Examples: LLC, Ltd, etc.		by Question 2), please complete appropriate addendum If Beneficial Owner and Controller Certification is the same information, both sections must be completed in full by the signer of the Merchant Application	
Addresses listed (corporate and physical) are not a PO box/mailing address.			
TIN matches page 2		Addresses cannot be PO boxes or mailing addresses	
Description of business, please detail the nature of business		Authorized signer must be an employee of the merchant. Third Party signer not supported.	
Both areas of authorization are signed and dated by the same individual(s). Printed name and title are also required.		Signature cannot contain initials/nicknames – must be legal first name and legal last name of individual	
If signatures are electronic, Adobe watermark must be visible		Once this page is submitted, no corrections to the page	
Authorized signer must be an employee of the merchant. Third Party signer not supported. Signature cannot contain		can be accepted.	
initials/nicknames – must be legal name of individual	Pa	ge 7: Personal Guaranty	
ge 5: Merchant Information		Personal Guaranty is only required if organization is a sole proprietorship	
If volume is over \$1M annually, please provide a copy of your most recent, audited Financials		Authorized signer must be an employee of the merchant. Third Party signer not supported. Signature cannot contain initials/nicknames – must be legal name of individual	
If ownership type is Non-Profit, please provide a copy of your IRS 501c3 letter and financials			
☐ If bankruptcy box is "yes", complete the additional related fields	Additional Forms By Ownership Type		
		If a Public Corp or Trust owns more than 25% of the legal entity, please complete Non-Individual addendum	
•	Ac	Acceptable Documentation If documentation is required/requested for your enrollment, all documentation must be valid, unexpired and provided in their entirety.	
Ownership Certification section is completed in full, identifying any person and/or non-individual that has 25% or more ownership	dod		
	Legal name matches IRS TIN letter. Include your type of organization. Examples: LLC, Ltd, etc. Addresses listed (corporate and physical) are not a PO box/mailing address. TIN matches page 2 Description of business, please detail the nature of business Both areas of authorization are signed and dated by the same individual(s). Printed name and title are also required. If signatures are electronic, Adobe watermark must be visible Authorized signer must be an employee of the merchant. Third Party signer not supported. Signature cannot contain initials/nicknames — must be legal name of individual ge 5: Merchant Information If volume is over \$1M annually, please provide a copy of your most recent, audited Financials If ownership type is Non-Profit, please provide a copy of your IRS 501c3 letter and financials If bankruptcy box is "yes", complete the additional related fields ge 6: Ownership/Controller retification - Individual Ownership Certification section is completed in full, identifying any person and/or non-individual that has	All fields are filled in Legal name matches IRS TIN letter. Include your type of organization. Examples: LLC, Ltd, etc. Addresses listed (corporate and physical) are not a PO box/mailing address. TIN matches page 2 Description of business, please detail the nature of business Both areas of authorization are signed and dated by the same individual(s). Printed name and title are also required. If signatures are electronic, Adobe watermark must be visible Authorized signer must be an employee of the merchant. Third Party signer not supported. Signature cannot contain initials/nicknames — must be legal name of individual ge 5: Merchant Information If volume is over \$1M annually, please provide a copy of your most recent, audited Financials If ownership type is Non-Profit, please provide a copy of your IRS 501c3 letter and financials If bankruptcy box is "yes", complete the additional related fields ge 6: Ownership/Controller rtification - Individual Ownership Certification section is completed in full, identifying any person and/or non-individual that has	

TAKE THE NEXT STEP

Learn more about NextGen Pay powered by InstaMed. Contact us today at 877-523-2120 or info@nextgen.com.



