



APPLICATION FOR MERCHANT SERVICES AND OR E-COMMERCE

Date:	Merchant/Sales Officer:
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Registered Name of Business	Year Established
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DBA Name *[If Different From Above]*

Principals [Owner(s)/Director(s)] Must Provide 2 Forms of Valid Photo ID	1.	3.
	2.	4.

Contact Person	Title <i>[Proprietor/Managing Director]</i>
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Type of Business *[What Type of Products or Services does your Business Provide?]*

Subsidiary of No. of Stores

Reference Name	Reference Telephone #:
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Reference Address

BUSINESS ADDRESS: <input type="text"/> <input type="text"/> <input type="text"/> Telephone: <input type="text"/> Fax: <input type="text"/> Email: <input type="text"/>		HOME ADDRESS: <input type="text"/> <input type="text"/> <input type="text"/> Telephone: <input type="text"/> Fax: <input type="text"/> Email: <input type="text"/>	
MERCHANT FACILITY REQUIRED: <input type="checkbox"/> VISA/MasterCard <input type="checkbox"/> Republic EPAY (E-Commerce) <input type="checkbox"/> AMEX		DO YOU CURRENTLY HAVE A RBBB CREDIT CARD? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, ACCOUNT # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

REQUIRED DOCUMENTS THAT MUST ACCOMPANY APPLICATION FORM

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| 1. Certified copies of supporting Registration Documents | 3. Completed Merchant Agreement/ Board Resolution |
| 2. Certified copy of 1 form of valid ID for all Principals/Directors | 4. Standing Order Form for monthly support fee |
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- | | |
|----------------------------------|--|
| SOLE TRADER | Copies of Certificate of Registration and any form of valid ID |
| PARTNERSHIP | Copies of Certificate of Registration and any form of valid ID for all partners |
| LIMITED LIABILITY COMPANY | Copies of Certificate of Incorporation/Continuance, Notice of Directors, Notice of Secretary and any form of valid ID for all Directors listed |

POTENTIAL MERCHANT CARD VOLUME

ESTIMATED ANNUAL SALES VOLUME: \$	<i>(i.e cash, cheque, credit/international debit cards if any) of which:</i>
INTERNATIONAL DEBIT VOLUME: \$	NO. OF TRANSACTIONS:
CREDIT CARD VOLUME: \$	NO. OF TRANSACTIONS:

REPUBLIC BANK ACCOUNTS

BRANCH	TYPE OF ACCOUNT	ACCOUNT #	BANK CONTACT PERSON

OTHER BANK ACCOUNTS

BANK	TYPE OF ACCOUNT	ACCOUNT #	BANK CONTACT PERSON

You understand and agree that the execution of the Bank's Merchant Agreement does not indicate the Bank's commitment to providing you with the E-commerce Facility, but is only indicative of the terms on which this Facility can be granted. The final approval of your E-commerce Facility is subject to the successful completion of appropriate Security checks. The Bank will, thereafter, approve or decline your request for the E-commerce Facility. The Bank's Merchant Agreement will come into effect after such final approval. If the request is declined, the Bank's Merchant Agreement will be null and void.

Authorised Signatory of Applicant (MANDATORY)

Merchant/Sales Officer

FOR OFFICIAL USE ONLY <i>(Republic Bank - POS - Credit Card)</i>	
CREDIT CARD COMMISSION RATE:	_____ %
CHARGE (PER TRANSACTION):	\$ _____
EQUIPMENT RENTAL FEE:	LAN \$ _____ P/M
	WIRELESS \$ _____ P/M
ADMINISTRATIVE FEE:	\$ _____
SECURITY DEPOSIT FEE:	\$ _____

FOR OFFICIAL USE ONLY <i>(Republic Bank-EPAY)</i>	
ONE-TIME SET UP FEE:	\$ _____
MONTHLY SUPPORT FEE:	\$ _____
PER TRANSACTION FEE:	\$ _____
SECURITY DEPOSIT FEE:	\$ _____
CREDIT CARD COMMISSION RATE:	_____ %

SITE VISIT DONE: YES <input type="checkbox"/> NO <input type="checkbox"/>	
SIGNATURE: _____	
APPROVED/DECLINED	DATE