



APPLICATION FOR CREDIT CARD / POINT OF SALE MERCHANT SERVICES AND OR E-COMMERCE

Date: _____ Marketing Representative: _____

<i>Registered Name Of Business</i>		<i>Year Established</i>	
<i>DBA Name [If Different From Above]</i>			
<i>Principals [Owner(s)/Director(s)] Must Provide 2 Forms of Valid Photo ID</i>	1. ID: DP: PP:	2. ID: DP: PP:	
	3. ID: DP: PP:	4. ID: DP: PP:	
	<i>Contact Person</i>		<i>Title [Proprietor / Managing Director]</i>
	<i>Type Of Business [What Type of Products or Services does your Business Provide]</i>		
<i>Reference Name</i>		<i>Reference Telephone #</i>	
<i>Reference Address</i>			

BUSINESS ADDRESS:

.....

.....

.....

TELEPHONE:.....FAX:.....

EMAIL:

HOME ADDRESS:

.....

.....

.....

TELEPHONE:.....FAX:.....

EMAIL:

MERCHANT FACILITY REQUIRED

- VISA/MasterCard
- AMEX
- Discover
- RepublicEPAY (E-Commerce)

Do you currently have a REPUBLIC BANK CREDIT CARD? YES NO

IF YES, ACCOUNT #

THIS SECTION IS **APPLICABLE ONLY** TO MERCHANTS INTERESTED IN REPUBLIC BANK'S *E-COMMERCE SERVICE*

RepublicEPAY (E-Commerce)	
HAVE YOU ALREADY BUILT YOUR ONLINE STOREFRONT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, WHICH SHOPPING CART DO YOU USE?	
WEBSITE URL:	
PRIMARY TECHNICAL CONTACT:	
EMAIL:	
CONTACT NUMBER(S): OFFICE: CELL:	

DOCUMENTS REQUIRED THAT *MUST* ACCOMPANY THE APPLICATION FORM

SOLE TRADER.....Copies of Certificate of Registration and any form of valid ID

PARTNERSHIPCopies of Certificate of Registration and any form of valid ID for all partners

LIMITED LIABILITY COMPANYCopies 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.e: cash, cheque, credit/debit cards if any) of which:

POS VOLUME \$.....NO. OF TRANSACTIONS:

CREDIT CARD VOLUME \$.....NO. OF TRANSACTIONS:

HOW MANY TERMINALS DO YOU REQUIRE AT THE SITE?

LOCATION

REPUBLIC BANK LIMITED ACCOUNTS

BRANCH	TYPE OF ACCOUNT	ACCOUNT #	BANK CONTACT PERSON

OTHER BANK ACCOUNTS

BANK	BRANCH	TYPE OF ACCOUNT	ACCOUNT #	BANK CONTACT PERSON

Authorised Signatory of Applicant (**MANDATORY**)

Marketing Representative

FOR OFFICIAL USE ONLY			
CREDIT CARD COMMISSION RATE:		%
EQUIPMENT RENTAL FEE:	LAN	\$.....	P/M
	WIRELESS	\$.....	P/M
ADMINISTRATIVE FEE:		\$.....	

FOR OFFICIAL USE ONLY - E-COMMERCE (EPAY)	
ONE-TIME SET UP FEE	\$.....
MONTHLY SUPPORT FEE	\$.....
PER TRANSACTION FEE	\$.....
CREDIT CARD COMMISSION RATE:%

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