

Additional Terminal / Product (Rep. of Ireland)

- In the top menu use "File > Save As" to save this PDF form at a convenient location on your computer.
- Fill the form electronically (on PC/Mac/tablets)
- When completed, print form and sign it.
- Send scan of form by email (including any additional documents) to sales@ecom365.com



Version: IE.2022.03.25

Section 1 - Type of Additional Request

Please select the solution(s) you are applying for:

Point of Sale (POS)

Pay by Link

Business Current A/C

Virtual Terminal (VT)

Card Storage

Section 2 - Merchant Profile

Legal Name

Trading Name

Principal Business Address

Postcode

Country

Principal Contact Name

Principal Contact Phone (+country/area codes)

Principal Contact Email

Section 3 - Terminal Requirements

Please enter a quantity beside the type(s) of terminal and number of base stations you require.

Virtual Terminal

Portable Terminal

(Charging) Base Station

Do you require a cash back facility? Yes* No *If yes, please outline why:

We recommend that the refund function is passcode protected.

If you would like to passcode protect refunds, please enter a 4 digit passcode here:

For POS device administration, please assign **two numeric** passwords that will be memorable to you, one 4 digits, one 6 digits:

(i) 4 digit admin passcode:

(ii) 6 digit admin passcode:

What area of business will the terminal(s) be used for?

Projected Sales Values (where ATV: Average Transaction Value; MTV Maximum Transaction Value, LTV Lowest Transaction Value)

Terminal 1			Terminal 2			Terminal 3		
ATV	MTV	LTV	ATV	MTV	LTV	ATV	MTV	LTV

Section 4 - Pay by Link

Do you require Pay by Link? Yes* No *If yes, please outline why Pay by Link is required below.

Do you require Card Storage? Yes* No *If yes, please outline why Card Storage is required below.

Section 5 - Business Current Account⁺

Do you require a Business Current Account? Yes* No *If yes, please provide the reason for this request:

⁺ Please note that this product is only available to merchants located in the Republic of Ireland.

Directors' Signature: _____ Print Name: _____ Date: _____