

New Merchant Account

- In the top menu use "File > Save As" to save this PDF form at a convenient location on your computer.
- In Adobe Reader X, XI go to Edit menu > Preferences > Security (Enhanced) & un-tick 'Protected Mode'.
- Complete the form electronically (not manually).
- You can part-fill the form, save it and return to it later.
- When fully completed, save again and then click on "Send Application".



Version: EU.2021.03.25

Section 1A - Type of Application

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

Point of Sale (POS)	eCommerce	Pay by Link	Business Current A/C
	Virtual Terminal (VT)	Card Storage	

Section 1B - Applicant Profile

Sole Proprietor / Trader	Partnership	Limited Company	PLC	Other
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Legal Name

Trading Name

Main Contact Person

Registered Business Address

Postcode

Country

Principal Place of Business *(if different)*

Business Landline Phone *(+country/area code)*

Business Mobile Phone *(+country/area code)*

Company website

Date of Incorporation

Company Registration Number

Tax Number

VAT Number

Is the company regulated by any authority?

*Yes

No

*If 'YES' please specify which authority:

And the licence number granted from the authority:

Director / Partner / Shareholder Details

PRINCIPAL 1

Full Name	Select role(s)	% Owned	Date of Birth (DD/MM/YYYY)
	Shareholder	Director	Partner
Address		Phone	Email

PRINCIPAL 2

Full Name	Select role(s)	% Owned	Date of Birth (DD/MM/YYYY)
	Shareholder	Director	Partner
Address		Phone	Email

PRINCIPAL 3

Full Name	Select role(s)	% Owned	Date of Birth (DD/MM/YYYY)
	Shareholder	Director	Partner
Address	Phone	Email	

Operational Contacts

Chargeback Contact Name:	Chargeback Email:	Chargeback Contact Phone No. <i>(include country & area code)</i>
Fraud Contact Name:	Fraud Email:	Fraud Contact Phone No. <i>(include country & area code)</i>
Finance Contact Name:	Finance Email:	Finance Contact Phone No. <i>(include country & area code)</i>
IT Contact Name:	IT Email:	IT Contact Phone No. <i>(include country & area code)</i>

Section 2 - Your Goods & Services

Please provide a detailed description of your business, **including the days and hours of operation.**

Are the goods or services to be sold or supplied owned or provided by a third party?	Yes	No
Do you accept deposits prior to the supply of goods or services? If yes, please specify in the following:	Yes	No
The size of the deposit paid in advance as % of total transaction value		%
The average time in advance of delivery of the goods/services or full payment, that deposits are taken		days
Are stocks held at any address other than the trading address listed above?	Yes	No
Do you accept full payment prior to the supply of goods or services? If yes, please specify the below:	Yes	No
The % of goods or services where payment is taken prior to delivery		%
What is your method of delivery for goods and what are your delivery timeframes? For example, signature required upon delivery, tracked delivery or general post – please specify:		

Projected Processing

Card Present (Chip & PIN)	%	What is your projected average monthly processing?
Mail Order / Telephone Order*	%	What is your minimum transaction price?
e-Commerce	%	What is your maximum transaction price?
TOTAL	100%	What is your average transaction price?

* If you require mail / telephone order (MOTO), please outline why:

For **Card Not Present** transactions, when does the customer receive the product or service?

Same day If not same day, state number of days (include shipping)

Do you require a virtual terminal? Yes* No *If yes, please outline why:

Please Indicate in the following boxes, where you expect an increased level of traffic?

January	February	March	April	May	June
July	August	September	October	November	December

Merchant History

What is the name of your current/previous Acquirer?

In what country is your current/previous Acquirer located?

Have you ever been terminated by an Acquirer? Yes No

Processing History

Note: Figures entered below should be for debit & credit, domestic & international.

Visa Mastercard / Maestro

What is your average sales volume per month?

What is the average fraud to sales ratio per month? % %

What is the average number of chargebacks per month?

Section 3A - Point of Sale Requirements

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

Portable Terminal (Charging) Base Station

If you require more than one terminal please outline below the location where each terminal will be located in your business.

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:

Section 3B - eCommerce Requirements

Do you use affiliates to sell products / services? Yes* No *If yes, how many affiliates?

Do you offer Free Trial products? Yes No

Do you offer Recurring Billing? Yes No

Do you offer Installment Billing? Yes No

Merchant URL(s): Live IP Address(es): Merchant Descriptor(s): UAT / Test IP Address(es):

Please provide login credentials for the member areas of your websites, if applicable

Test URL	Test Username / login	Test Password
1		
2		

Currencies required:

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:
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Section 6 - Bank Account Details

If you have chosen Business Current Account then information in this section is not required.

Are the bank account details different from the ones stated on the original application form?	*Yes	No
<i>* If yes, please enter details below & provide evidence of bank account in the merchant name, e.g. a bank statement dated within the last three months.</i>		
BIC / Swift	IBAN (International Bank Account Number)	

Sort Code	Account Number	Account Currency
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Bank Name & Address

Account Holder Name

Section 7 - Required Documents

Please indicate, as appropriate, if the following documentation has been provided.

• Identification and Address Verification for a minimum of one Company Director and ALL Shareholders who ultimately own or control 25% or more of the shares or voting rights in the company. (The Address Verification must show all 4 corners and must be dated within the last three months.) Only coloured proof of identification and fully shown documents are accepted.	Yes	No
• Evidence of Bank account - Bank statement displaying the Merchant name, address and IBAN (dated within the last 3 months) or a signed stamped letter from the account holding bank displaying the merchant name, address and IBAN (dated within the last 3 months).	Yes	No
• For eCommerce & VT only: Three months previous processing statements showing a breakdown (volume & value) of sales, chargebacks & refunds for both Mastercard & Visa.	Yes	No

Depending on the nature of your business structure/model/operation we may request additional documentation, at our discretion, to satisfy regulatory and card scheme requirements.

Declarations

Completed forms should be sent to applications@ecomm365.com

Are you certified PCI compliant? *Yes No *If yes, please enter PCI level (1/2/3/4) here:

I understand my obligation to be certified as compliant with the Payment Card Industry Data Security Standards (PCI DSS).
Please see the PCI-DSS Merchant Guidelines at <https://ecomm365.com/downloads> (This box must be ticked to proceed with your application.)

Have you ever experienced an Account Data Compromise? *Yes No

*If Yes, please specify the details:

I also declare on behalf of the company and on behalf of myself that, to the best of my knowledge, neither the company, nor the website, nor myself have ever been involved in excessive chargebacks, fraud or content violation, nor have any of the above ever been terminated by an acquirer or asked by an acquirer to terminate an agreement within a set period of time and that all of the information I have provided in this application form is true and accurate.

By signing this application form, you are providing consent to us to carry out background checks with Credit Agencies and other Third Parties in order to fulfill our Regulatory and Card Scheme obligations. This information may be recorded and referenced in the future.

Merchant Name:

Directors'
Signature: _____ Print name: _____ Date: _____

- When you have completed and checked everything, save the form and click the 'SEND APPLICATION' button.
- The form is then validated and your email should open. If it does not, please email PDF to **applications@ecomm365.com**
- We require that you print this signature page, **sign it by hand** and return it to us.

Please review our Privacy Policy, available online at: <https://ecomm365.com/privacy-policy.aspx>