



Merchant Application

Thank you for applying for an ANZ Merchant Facility(ies).

If you have any questions regarding this form or your ANZ Merchant Facility(ies), please contact your ANZ Merchant Services representative.

1. Request Details – To be completed by all Merchants

New Merchant Complete sections 1, 2, 3, 4, 5, 6,7, 8 and 9

All applicants must be residents or incorporated business in the country of:

Additional outlet/s Complete sections 1, 2, 3, 4 and 9

Additional terminals Complete sections 1, 2, 3 and 9

Please provide the existing ANZ Merchant Number:

Adding merchant facility Complete sections 1, 2, 3, 6, 7 and 9

Please provide the existing ANZ Merchant Number:

Change of Ownership Complete sections 1, 2, 5, 6, 7, 8 and 9

Please provide the existing ANZ Merchant Number:

What is the Effective Date of the Change of Ownership?

2. Merchant Details

Registered Business/ Company Number:

Name of Entity:

Full Trading Name:

Entity Type:

Company

Partnership

Trust

Sole Trader

Other – please state [e.g. incorporated society]

Trading Address:

City/ Town:

Country:

Doing Business Address (DBA) details to be displayed on imprinter metal plate:

Business Name (Maximum 20 Characters)

City/ Town (Maximum 15 Characters)

Contact Name:

Position:

Postal Address:

Phone:

Fax:

Email:



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Brief description of Business Activity & Type:

Years in operation:

Other Merchant Numbers (If applicable):

AMEX: Diners:

3. Product Details

EFTPOS

Terminal Type:

i5100 Number of terminals required: Estimated Daily Turnover p.a.: Average Ticket Size:

i7780 Number of terminals required: Estimated Daily Turnover p.a.: Average Ticket Size:

Manual Number of imprinters required: Estimated Daily Turnover p.a.: Average Ticket Size:

Subject to ANZ's approval:

Do you require Tip function? Yes No

Do you require Cash Out function? Yes No

Do you require Pre-authorisation function? Yes No

Do you require Refund function? Yes No

Line Type

Direct Dial Up (line type) Other:

ANZ eGate™ with Customer Preferred Currency (Please also complete section 7 and the Secure Internet Site Declaration form)

Estimated Sales p.a.: Average Ticket Size:

Modem Type:

For Pre-Pay Internet Facilities:

Estimated Pre-Booking Sales 1-2 Weeks: Average Ticket Size:

Estimated Pre-Booking Sales 3-4 Weeks: Average Ticket Size:

Estimated Pre-Booking Sales 1-6 months: Average Ticket Size:

4. Additional Outlet - EFTPOS only

Provide number of outlets:

Name of the new outlet (if different to the existing business):

Address of the new outlet:

Contact person at the new outlet: Position:

Contact number of the new outlet: Facsimile Number:

Number of staff employed at the new outlet:

If more than 1 additional outlet, please provide the information as requested in this section on another document and attach it to this form.



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5. Receipt Information (Optional) - EFTPOS merchant only

Please write your address and personalised message (up to 20 characters per line) in block letters, which will appear on the receipt.

Receipt address (line 1):	<input type="text"/>
Receipt address (line 2):	<input type="text"/>
Personal messaging (line 1):	<input type="text"/>
Personal messaging (line 2):	<input type="text"/>

6. Bank Account Details - Must be an account in the same Entity Name or Trading Name as section 2

ANZ Account Name:	<input type="text"/>		
ANZ Branch Name and Address:	<input type="text"/>		
ANZ Business Account Number:	<input type="text"/>		
Name of ANZ Account Manager:	<input type="text"/>	Phone:	<input type="text"/>

7. Settlement Email – ANZ eGate™ with Customer Preferred Currency Merchants only

Settlement reports will be emailed to your nominated email address to facilitate your reconciliation processes. If it is the same as the main contact email address given at Section 2, write “As above”.

Settlement Email Address:	<input type="text"/>
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8. Required Documents - To be provided by New Merchants & Change of Ownership only

- Audited Business financial statements:** eg, Profit & Loss Statement, Balance Sheet & Cash Flow Statement (if available) for the last 2 years and/ or annually as required by ANZ. For Businesses less than 2 years old, provide a Business Plan with Cash Flow Projections.
- Company Constitution Rules/ Memorandum & Articles and relevant amendments:** the cover page, Powers & Duties section, and the Company Seal or authorised provisions.
- For Partnerships:** A copy of the partnership deed that is complete, correct, and current.
- For Trusts:** A copy of the Trust Deed that is complete, and current With any variations
- Company Incorporation/ Business Licence Registration details:** A copy of the applicable registration certificate.

Note: The above are not required if you are an existing ANZ account holder & the above are held and verified at the domicile ANZ branch.

9. Applicant's Declaration and Authority

In signing this declaration and authority as the applicant, or as the authorised representative of the applicant, I/ we:

1. Understand that ANZ may give a credit reporting agency certain personal information about the applicant. This information includes:
 - a. The fact that the applicant has applied for a merchant facility and the details of that facility;
 - b. Details of any payments which become overdue more than 60 days for which collection has commenced; and
 - c. Other such information that, in the opinion of ANZ, is material to the applicant's credit worthiness, credit history, credit standing or credit capacity;
2. Understand and agree that ANZ is to obtain a commercial credit report about the applicant (which can include information about the applicant's credit worthiness, credit history, credit standing or credit capacity for purposes connected with the applicant's business, trade, or performance) from a credit reporting agency or obtain such information from any credit providers named in the credit report, for the purpose of assessing this merchant application;
3. Understand that ANZ may obtain from other banks or other financial institutions, a banker's opinion about the applicant's credit worthiness for purposes connected with the applicant's business, trade, or performance;
4. Authorise ANZ to give information about the applicant, including information about the applicant's account to any of ANZ's related entities, any outsourced provider, regulatory bodies, government agencies, law enforcement bodies and courts, participants in the payments systems (including Nominated Card Schemes, payment organisations and merchants). I/ we understand that the information may be used for marketing purposes or to tell the applicant about other services which may suit the applicant's needs;



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- Understand that should this application be approved by ANZ, ANZ will offer the Merchant Facility subject to the terms of the ANZ Merchant Agreement. I/ we understand the Merchant Agreement, which the applicant will receive, will consists of the Letter of Offer, the Merchant Services Terms and Conditions, the Secure Internet Site declaration (where applicable), and any special conditions (including all applicable Merchant Operating Guides) applicable to the Merchant Facility;
- Authorise ANZ to disclose to any person the fact that all or part of the ANZ Merchant Agreement is terminated. I/we further authorise ANZ to disclose information concerning the termination of all or part of the ANZ Merchant Agreement to any credit provider for the purpose of notifying that credit provider of that termination and the reason for it occurring;
- Agree and acknowledge that the contents of this Application and any attachments to it are true and correct and are given in support of this Application. My/ our signature(s) evidence my/ our understanding, acknowledgement, authority, agreement and consent to all matters set out in this Application.

Please tick:

Director Partner Sole Proprietor

Authorised Representative

Signature:

Print Name:

Date: / /

Date of Birth: / /

Residential Address:

Drivers' Licence Number:

Please tick:

Director Partner Sole Proprietor

Authorised Representative

Signature:

Print Name:

Date: / /

Date of Birth: / /

Residential Address:

Drivers' Licence Number:

Please tick:

Director Partner Sole Proprietor

Authorised Representative

Signature:

Print Name:

Date: / /

Date of Birth: / /

Residential Address:

Drivers' Licence Number:

Please tick:

Director Partner Sole Proprietor

Authorised Representative

Signature:

Print Name:

Date: / /

Date of Birth: / /

Residential Address:

Drivers' Licence Number:

Special Instructions

Where the Applicant is a **Partnership**, signing must be in accordance with the Partnership Deed.

Where the Applicant is a **Company**, signing must be in accordance with the Company Constitution.

Where the Applicant is a **Trust**, signing must be in accordance with the Trust Deed.

Where the Applicant is a **Sole Trader**, the proprietor must sign.

If the Applicant is an entity other than a company, partnership, or sole trader (for example an incorporated association), signing must be in accordance with the rules of the entity by an authorised representative or officer of the entity.

If more than four people are to sign, please photocopy this page, obtain signatures, and attach to this application.