

# Merchant Processing Application Form – Additional Outlet



## [A] Business Information

Trading Name: _____		Legal Name: _____	
Trading Address: _____ _____ Postal Code: _____		Legal Address: _____ _____ Postal Code: _____	
City: _____	State: _____	City: _____	State: _____
Business Phone: _____	Fax: _____	Corporate Phone: _____	Fax: _____
Contact Name: _____	Mobile No: _____	Australian Business Number (ABN): _____	MCC: _____
Email Address: _____		Website Address: www. _____	

## [B] Merchant Profile

Existing Group MID _____	Type of Transaction (Please estimate, ensuring total equals 100%)	How long from time of payment are the goods/services delivered? Please estimate, ensuring total equals 100%
Existing Subgroup MID _____	<input type="checkbox"/> Internet %	0 days _____%
** Existing Member ID (MID) _____	<input type="checkbox"/> MOTO % (Mail or Telephone Order)	7 days _____%
	<input type="checkbox"/> Card Present %	8–14 days _____%
		15–30 days _____%
		31–60 days _____%
		If > 60 days, _____%
		Explain (If more than 60 days): _____

## [C] Bank Information for Funding (If it is different from the existing record in RAM, merchant needs to specify and provide bank account proof for the new account required)

### Direct credit for funding (so that Fiserv can fund your account)

Please note that direct credit is only available on certain accounts. Please contact your financial institution if in doubt.

Account Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_ BSB: \_\_\_\_\_

Branch Name: \_\_\_\_\_ Account No: \_\_\_\_\_

### Direct debit for fees and chargebacks (complete this if a separate account should be used for fees and charges)

Please note that direct debit is only available on certain accounts. Please contact your financial institution if in doubt.

Account Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_ BSB: \_\_\_\_\_

Branch Name: \_\_\_\_\_ Account No: \_\_\_\_\_

By signing this change bank account details form, I/We:

1. Authorise and request for First Data Merchant Solutions Australia Pty. Ltd. ABN 51 115 245 531 (a corporation within the Fiserv Inc, group of companies, herein referred to as "Fiserv"), until further notice in writing, to arrange for my/our account to be debited/credited with any amounts which First Data may properly debit/credit or change me/us through the Direct Debit/Direct Credit system
  - a. Debit: APCA User ID 490125, 526346, 526376 and 526943 in all cases where there is a negative settlement amount which can occur if the refunds you process exceeds the sales on a given day
  - b. Debit: APCA User ID 490125, 526346, 526376 and 526943 will be used to process chargebacks, fees and charges to your account
  - c. Credit: APCA User ID 490125, 526346, 526376 and 526943 in all cases where there is a positive settlement amount
  - d. Credit: APCA User ID 490125, 526346, 526376 and 526943 will be used to process chargebacks, fee and charges credits to your account
2. Will notify Fiserv in writing at least 14 days in advance if a change is required to the nominated account(s)
3. Have attached a bank statement copy with this request
4. Warrant that the information provided is correct and not misleading
5. Warrant that I/we are duly authorised to agree to the debiting and crediting of payments to the account or accounts nominated in this form
6. Warrant that any individual signatory is authorised to sign this form on behalf of the Merchant

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## Transaction Information

Average credit card ticket size	\$	Do you require pre-authorisation capabilities?	
Estimated annual turnover (All sources)	\$	What is your refund policy? (Please select one)	
Estimated annual card turnover (Credit/Debit/Prepaid)	\$	Within how many days do you submit refunds for transactions?	
Maximum refund amount required	\$	Number of refunds per month	
Do you provide cash-out services?		Do you require tipping functionality?	

## Frequency of Fees and Charges

Please select frequency of fees and charges (Gross/Net)	<input type="checkbox"/> Gross Settlement (Fees charged once a month)	<input type="checkbox"/> Net Settlement (Fees charged with every settlement)
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## [D] Your Solution Requirements

### Payment Terminals – Please select the type and quantity of terminals required

	Quantity of Terminal Type	Monthly Rental Per Unit
PAX A920 Standalone		As per the existing terminal
PAX A920 Integrated		As per the existing terminal
Move5000 – Mobile 4G		As per the existing terminal
Move5000 – Wi-fi		As per the existing terminal
Move5000 – Integrated		As per the existing terminal
Acquiring Only		As per the existing terminal

### Integrated Payment Terminals additional options

Interface Type:	Who is your existing Point of Sale provider?	Cloud Based?
Serial/USB		Yes/No

### eCommerce Solutions – Please select services required

Our Payment Gateway

☐ Virtual Terminal Only

☐ Virtual Terminal, Connect Payment Page

☐ Virtual Terminal, Connect Payment Page, API

Third-Party Gateway – Who is your third-party gateway provider? \_\_\_\_\_

## Included Services

Currency Conversion (You will earn 1% commission on each DCC transaction. only applies to our terminals and our Payment Gateway)	Smart Routing (Only available for our Payment Gateway and Fat Zebra Gateway. This service is subject to non-standard settlement timeframe)	Multicurrency Global e-Pricing (Only available for our Payment Gateway and Fat Zebra Gateway. This service is subject to non-standard settlement timeframe)	What Currencies Do You Want to Accept? (Funding will remain in Australian Dollars)

Settlement Time (24 hours format) – Same Day Funding (00:00 hours to 17:00 hours); Next Day Funding (17:01 hours to 21:00 hours):



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Merchant Portal Access Required: Yes/No		
Your Portal Access		
User full name	Email Address	Phone number

Authorised Signatory\_1

Signature
Full Name (please print)
Position
Date

Authorised Signatory\_2

Signature
Full Name (please print)
Position
Date

Affix Company Stamp here
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**Note:** To be signed by the authorised signatory as per existing Merchant ID (MID) in our system. If there has been any change in the authorised signatory, it is essential to update this information for the current MID before signing this form.

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[E] Pricing Type						
Blended/ Interchange Plus/ Interchange Plus Plus/ Other (please specify) _____						
[F] Type of Cards						
Please select which card brands you wish to accept	Visa®/ Mastercard®	China Union Pay (CUP)	Diners	EFTPOS	AMEX OptBlue	Amex # (If Existing)
Merchant Service Fee (% or \$) – Please Specify						
Surcharge (% or \$) – Please Specify						
[G] Other Fees						
Fee Structure	(% or \$) – Please Specify		Fee Structure	(% or \$) – Please Specify		
Joining (one-time charge)			Closure (one-time charge)			
Annual (per annum)			Urgent Installation (one-time charge)			
Administration (per month)			Lost Supplied Equipment			
Credit Card Transaction (per transaction)			Early Termination Fee			
Minimum Merchant Service Fee (per month)			Special Offer			
American Express Service Fee %**			Other Fees			
Refund Transaction (per transaction)			Other Fees Details			
Chargeback (per occurrence)						
Retrieval (per occurrence)						
<b>All pricing is GST inclusive except for American Express pricing. Visa, Mastercard and UnionPay change their fees from time to time. Interchange fees for Visa and Mastercard are available on their websites, <a href="https://visa.com.au">visa.com.au</a> or <a href="https://mastercard.com.au">mastercard.com.au</a></b>						
<b>*Only applies to Move 5000 terminal and our Payment Gateway</b>						
<b>**Billed separately by American Express Australia Ltd ABN 92108 952 085</b>						