

Application Form – ROI



*Mandatory fields to be completed. Please fill in this application form below ("Application").

Blue fields are for internal use only

Customer Information					1
*New Application <input type="checkbox"/>	Central Contract <input type="checkbox"/>	Change of Legal Entity <input type="checkbox"/>	Portfolio Republic of Ireland	*Portfolio Country	Site Survey <input type="checkbox"/> Yes <input type="checkbox"/> Telesales
*Funding Currency	*Client Group	*Card Bundle	MCC	Association Code/s	
Parent Chain Code	*Parent Entity Code	Old MID	Pre Assigned MID	New MID	
AMEX MID (if applicable)			*Sales Rep Code	*Chargeback Distribution <input type="checkbox"/> Mail <input type="checkbox"/> Email	
Exclusion group/s					

*Legal Name	*Registered Office Address is contact for: <input type="checkbox"/> All <input type="checkbox"/> Chargeback <input type="checkbox"/> Communication <input type="checkbox"/> Shipping <input type="checkbox"/> Statement <input type="checkbox"/> Settlement <input type="checkbox"/> PCI (for current and future MIDs)
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*Legal/Registered Office Address

*City	*Postcode
*Attention (First/Middle/Last Name) <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Mr	Email Address
*Phone No.	Mobile No.

*Trading (DBA) Name	*Trading (DBA) Address is contact for: <input type="checkbox"/> All <input type="checkbox"/> Chargeback <input type="checkbox"/> Communication <input type="checkbox"/> Shipping <input type="checkbox"/> Statement <input type="checkbox"/> Settlement <input type="checkbox"/> PCI (for current and future MIDs)
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*Trading (DBA) Address (if different from above)

*City	*Postcode
*Attention (First/Middle/Last Name) <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Mr	Email Address
*Phone No.	Mobile No.

Statement Address (if different from Trading (DBA) Address or Legal /Registered Office address)

*City	*Postcode
PCI contact person (if different from above): *Contact name <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Mr	*Email Address
*Phone No.	*Mobile No.

Internet Customer

Which countries will you accept orders from?	What is your email address for customer queries?
Which of the following security checks do you undertake?	<input type="checkbox"/> BIN Checks <input type="checkbox"/> Velocity checks <input type="checkbox"/> IP/GEO checks <input type="checkbox"/> Maximum Amount checks <input type="checkbox"/> Other
Payment Service Provider (Gateway)	Internet Service Provider

Customer Profile

*Ownership Type	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership; No. of Partners: <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Charity <input type="checkbox"/> Other (please specify):	
*Company/Charity Registration No.	*Date of Incorporation	*Current ownership since

*VAT Details	<input type="checkbox"/> VAT Number	<input type="checkbox"/> VAT Number Pending	Outlet Store No.	Previous Industry experience since.	
	<input type="checkbox"/> In Business Confirmation (<i>I confirm that I am engaged in business activities but not registered for VAT in the European Union</i>)				
VAT 56B Number	Other Tax Number (<i>to be completed if VAT Number was not entered above</i>)		<input type="checkbox"/> Corporate Tax Number		
	<input type="checkbox"/> Income Tax Number		<input type="checkbox"/> Charity Number		
*Country of Incorporation			*Are you new to Card Processing? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, who was your previous acquirer?	
*Description of goods and/or services that you require Merchant Services for (and, if different from that, please also note your core business activity)					
*Does your business engage in checkcashing, selling/redeeming money order or traveler's cheques, prepaid cards (other than cards used within your chain), foreign currency exchange, or the transmission of currency, including both real or virtual currency?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
*Are you a Payment Services Provider (PSP) offering acquiring services?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
*Are you a Third Party Payments Processor acting as an intermediary between two other parties and fulfilling a collection and payment function?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
*Are you a non-governmental organisation (NGO)? A NGO is a private nonprofit organisation that pursues activities intended to serve the public good.					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Web URL www.					
*Customer Annual Turnover	*(Anticipated) Card sales p.a.		*Average Transaction Value		
*% of total turnover relating to Card Present %	*% of total turnover relating to Mail Order / Telephone Order %		* % of total turnover relating to Internet %		
Seasonal Sales <input type="checkbox"/> Yes <input type="checkbox"/> No. If applicable, please state your quarterly percentages and underline the peak month of each quarter					
JAN, FEB, MAR %		APR, MAY, JUN %		JUL, AUG, SEP %	
				OCT, NOV, DEC %	

*Please state the country which generates the highest revenue per annum for your business. If you operate in only one country, please state that country

*PCI Level: Please tick the box that best describes your (anticipated) numbers of Transactions

<input type="checkbox"/> Level 4 : Processing less than 20,000 Internet Transactions or up to 1 million MO/TO and Card Present Transactions p.a.	<input type="checkbox"/> Level 3: Processing between 20,000 and 1 million Internet Transactions p.a.	<input type="checkbox"/> Level 2: Processing 1 million to 6 million Transactions p.a.	<input type="checkbox"/> Level 1 – processing >6 million Transactions p.a.
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Travel Agencies/Tour Operators

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Do you offer Currency Exchange Facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you Member of any Bonding Associations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Bonding Association
Membership No./ Bond No.		Bond Amount

Authorised Signatory / Beneficial Owner / Director

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The individual signing this form ("Authorised Signatory") must complete the information in the section below and tick all applicable boxes. If applicable, please also complete one section for each individual who is the beneficial owner of the Customer. Beneficial Owners are those individuals who are the business owners (e.g. Sole Traders) or who directly or indirectly hold 25% or more of the shares/voting rights ("Interest / control") of the Customer. In the case of a complex structure, please provide details of any individual holding, directly or indirectly, 10% or more of the Interest. Where applicable, please also provide the information requested below for any two directors of the Customer. (Please provide either the date of birth or address. However, in the case of a complex structure please provide the name, date of birth or address for all of the directors of the Customer). Individuals, who perform two or more of these functions, please tick all appropriate boxes and provide the required information by only completing the section once. A "Responsible Party" is an individual who has control over the day-to-day operations of the business. Please ensure that at least one of the individuals identified below is a Responsible Party. Please use the Continuation Page if necessary.

1) Authorised Signatory Beneficial Owner Director (Please tick all applicable boxes)

*Name (First/Middle/Last Name) <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Mr	*Date of Birth	*Interest %	*Responsible Party <input type="checkbox"/> Yes <input type="checkbox"/> No
*Private Residential Address		*City	

*State / Province	Postcode	*Country	Phone No.
Email Address			Mobile No.
*Identification Number (passport no. or government issued no.)		Issue Date	Expiry Date
Nationality/Citizenship (**mandatory for Authorised Signatories & Beneficial Owners only)		If applicable, what is your second nationality?	

2) Authorised Signatory Beneficial Owner Director (Please tick all applicable boxes)

*Name (First/Middle/Last Name) <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Mr	*Date of Birth	*Interest %	*Responsible Party <input type="checkbox"/> Yes <input type="checkbox"/> No
*Private Residential Address		*City	
*State / Province	Postcode	*Country	Phone No.
Email Address			Mobile No.
*Identification Number (passport no. or government issued no.)		Issue Date	Expiry Date
Nationality/Citizenship (**mandatory for Authorised Signatories & Beneficial Owners only)		If applicable, what is your second nationality?	

3) Authorised Signatory Beneficial Owner Director (Please tick all applicable boxes)

*Name (First/Middle/Last Name) <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Mr	*Date of Birth	*Interest %	*Responsible Party <input type="checkbox"/> Yes <input type="checkbox"/> No
*Private Residential Address		*City	
*State / Province	Postcode	*Country	Phone No.
Email Address			Mobile No.
*Identification Number (passport no. or government issued no.)		Issue Date	Expiry Date
Nationality/Citizenship (**mandatory for Authorised Signatories & Beneficial Owners only)		If applicable, what is your second nationality?	

4) Authorised Signatory Beneficial Owner Director (Please tick all applicable boxes)

*Name (First/Middle/Last Name) <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Mr	*Date of Birth	*Interest %	*Responsible Party <input type="checkbox"/> Yes <input type="checkbox"/> No
*Private Residential Address		*City	
*State / Province	Postcode	*Country	Phone No.
Email Address			Mobile No.
*Identification Number (passport no. or government issued no.)		Issue Date	Expiry Date
Nationality/Citizenship (**mandatory for Authorised Signatories & Beneficial Owners only)		If applicable, what is your second nationality?	

Transaction Details

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*Who supplies the goods/performs the service? <input type="checkbox"/> You <input type="checkbox"/> Third Party		*Cashback <input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated average Cashback amount	*Do you accept Recurring Transactions? <input type="checkbox"/> Yes <input type="checkbox"/> No		
*Do you take deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Size of deposit as a % of total transaction value? %		How far in advance of the supply of goods/services are deposits taken? Days Weeks Months			
What % of your annual turnover relates to deposits? % of (anticipated) turnover p.a.		Time between taking deposit and receiving remaining balance of payment? Days Weeks Months				
*Do you ever take full payment up front? <input type="checkbox"/> Yes <input type="checkbox"/> No	How far in advance of supply is the full payment taken? Days Weeks Months			What % of your annual turnover relates to upfront full payments? % p.a		
If you wish to provide any further details, please insert here:						

Financial Information

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*Payment Method: <input type="checkbox"/> BIE <input type="checkbox"/> Chain <input type="checkbox"/> EDI						
Delay Days	Funding Frequency <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		Funding Day	VAT Override <input type="checkbox"/> Yes / Rate	* Faster Payments <input type="checkbox"/> Yes (with fee) <input type="checkbox"/> No	
Billing Frequency <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	Billing Day		Settlement Method <input type="checkbox"/> Gross <input type="checkbox"/> Net	Account <input type="checkbox"/> All <input type="checkbox"/> Deposit <input type="checkbox"/> Billing <input type="checkbox"/> Chargeback		
*Account Name			Account Number		Sort Code	
*IBAN			*SWIFT / BIC Code		Bank Name	

Statement Information

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<input type="checkbox"/> Billing Statement	<input type="checkbox"/> Transaction Detail	<input type="checkbox"/> Hardcopy (see Schedule of Fees for charge)	Hold Statement <input type="checkbox"/>
<input type="checkbox"/> Funding Statement (EDI)	<input type="checkbox"/> Batch Summary	<input type="checkbox"/> Online via the Reporting Tool	

Reporting Tool

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Full name of selected registered user(s) of the Reporting Tool	Preferred Username(s) (if any)
Email address and telephone number of registered user(s)	<input type="checkbox"/> Please tick this box if you would like to view your Chargebacks online via the Reporting Tool.

Terminal Rental

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Will you be renting terminals from Elavon? Yes No

Third Party Products and Services (Third Party Vendors)

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Terminal Provider	Terminal Type	IPOS Provider
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References to “We“, “Us” or “Our” are references to Elavon Financial Services DAC, incorporated in Ireland (Registered No. 418442), having its registered office address at Building 8, Cherrywood Business Park, Loughlinstown, Co. Dublin, D18 W319 , Ireland.

References to “You”, “you”, “Your” and “your” are defined in the ROI Terms of Service (the “TOS”).

By “Your Information” we mean the personal and financial information We obtain from you or from third parties (such as credit reference and fraud prevention agencies, joint account holders, Your employees or officers of Your business, other organisations who introduced Us, or act on your or Our behalf) which, where you are a sole trader or partnership, may relate to you and/or your business partners and guarantors and where you are a company or limited liability partnership, may relate to your officers, shareholders, partners, owners and guarantors.

HOW DO WE USE YOUR INFORMATION?

We use Your Information for the following purposes:

Purpose:	Legal basis of processing:
Where it is necessary to use Your Information in order to provide our services to you.	Contractual necessity
To conduct anti-money laundering checks and fulfil our regulatory obligations in connection with the services.	Legal obligation
To comply with legal requirements and Card Scheme Rules (as such term is defined in the TOS)	Legal obligation, contractual necessity and legitimate interests
To carry out credit checks and other enquiries to help us make decisions about whether to enter into a contract with you and to evaluate our ongoing relationship with you	Legitimate interests
For the prevention, investigation and detection of crime and fraud	Legitimate interests
To analyse and improve the running of our business	Legitimate interests
To market and sell to you products and services offered by Elavon, its Affiliates or third parties, whether relating to Merchant Services or otherwise	Legitimate interests
For analytical purposes and we may share this aggregated information with others from time to time. This regards use of records of the transactions in combination with the records of our customers in an aggregated form	Legitimate interests
For credit-scoring to assess this Application and to verify your identity and that of the Other Individuals	Contractual necessity

Please note that where we are using Your Information and the legal basis of our processing activities is identified as ‘legitimate interests’ you have a right to object to our use of Your Information. Please refer to Your rights section for further details.

HOW DO WE SHARE YOUR INFORMATION?

We may at any time give Your Information to:

- Any organisation who introduced Us or who acts on Your behalf to allow them to provide services to you and/or to allow them to conduct, monitor and analyse their business;
- Service providers, advisors and agents providing services to Us (including our group companies and Affiliates);
- Card Schemes covered by the TOS;
- VMAS™ and MATCH™ in order to report Customer’s business name and the name of Customer’s principals to the VMAS™ and MATCH™ listings pursuant to the Card Scheme Rules.
- Anyone who has a legal right to require disclosure of your information or to whom we are permitted by law to disclose your information (this may include third parties such as bailiffs, receivers, the police and the courts);
- Regulatory bodies where required for regulatory purposes;
- Credit reference agencies and fraud prevention agencies (for more information on these disclosures please see below);
- Our professional advisors in order to obtain advice in relation to our relationship with you;
- Any person to whom we assign or sub-contract any of the rights or obligations under our agreement with you;
- Third party investors or potential investors in Elavon or its Affiliates or otherwise in the event of the sale, disposal, merger or transfer of the business of Elavon or its Affiliates, or obtaining financing for Elavon’s business, or negotiations in connection with that purpose.

In addition, We may at any time give Your Information to any organisation that requires disclosure of Your Information for regulatory purposes or as a matter of law whether or not their power is derived from an Act/Acts of Government.

You further acknowledge and agree that any information provided in connection with this Application and all other relevant information, may be supplied by Us to our Affiliates for all of the purposes listed above.

OVERSEAS TRANSFERS OF YOUR INFORMATION

We may transfer Your Information to countries outside the European Economic Area (EEA) where data protection laws may not be as strict as they are in the EEA. If we do so we will put in place appropriate controls to ensure that Your Information is protected adequately, in particular through standard data protection model clauses adopted by the European Commission. For more information about these controls please contact us at EUDataProtectionOffice@elavon.com

FOR HOW LONG DO WE KEEP YOUR INFORMATION?

We will keep Your Information for as long as we have a contract with you and for as long as we need Your Information for regulatory or evidential purposes after expiry of termination of your contract.

YOUR RIGHTS

Individuals have the following rights under data protection legislation:

- a right to ask for a copy of their personal data
- a right to ask Us to delete or correct any information We hold about them that is inaccurate;
- a right to request erasure of information in certain circumstances;
- a right to data portability (this is a right to ask for Your Information in a commonly used electronic format where information has been provided by the individual and the legal basis for processing that information is consent or contractual necessity);
- a right to restrict processing and a right to object to processing activities in certain circumstances;
- a right to stop Your Information from being used for direct marketing purposes; and
- a right to lodge a complaint with the Data Protection Commissioner (or other supervisory authority in the European Union) if You believe that Your Information has not been processed in accordance with the requirements of the data protection legislation



Where any processing is based on consent you have a right to withdraw consent at any time, without affecting the lawfulness of processing based on consent before its withdrawal.

If you would like to exercise any of these rights, please contact us at EUDataProtectionOffice@elavon.com.

PROVISION OF INFORMATION ABOUT OTHER PEOPLE

If you are providing personal information about other individuals in this Application, you must explain to those individuals whose personal details you have disclosed ("Other Individuals"), the categories of personal information that is being disclosed and all uses and processing of their personal data as detailed in this Application. This explanation must be provided to Other Individuals before you submit the Application to us.

CREDIT REFERENCE AND FRAUD PREVENTION AGENCIES

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AND MAINTAINING OF A MERCHANT SERVICES ACCOUNT. To ensure compliance with current legal and regulatory requirements aimed at preventing financial crime, money laundering and terrorist financing and to enable Us to proceed with your Application, We are required to obtain, verify and record information that identifies each person who opens up a merchant services account. We shall search your records and those of the Other Individuals at credit reference agencies who shall supply Us with information as well as information from the Electoral Register for the purpose of verifying your identity and that of the Other Individuals. Alternatively, We may ask you to provide physical forms of identification. Prior to our acceptance of this Application and from time to time thereafter, we may investigate the individual and business history and background of the Customer, each such representative and any other officers, partners, proprietors and/or owners of the Customer, and obtain credit reports or other background investigation reports on each of them that We consider necessary to review the acceptance and continuation of this Application.

Credit reporting agencies and other relevant agencies used by us will compile information to answer those credit inquiries and supply Us with such information as well as information from the Electoral Register for the purpose of verifying your identity and that of the Other Individuals. Credit reference agencies will record any credit searches on their file whether or not this Application proceeds.

It is important that you give Us accurate details. We shall check your details and those of the Other Individuals with crime prevention agencies and if you give Us false or inaccurate information and We suspect fraud, We shall record this. We may disclose Your details and details of how you conduct your business and account to such agencies. This information may be used by other credit grantors for making decisions about you or people with whom you are financially associated. The information may also be used for prevention of financial crime and money laundering.

If upon review of the information submitted in Your Application (which may or may not include all of the checks specified above) it appears that We require further information from You, We shall request for this from You. Please note that unless and until we receive this additional information we cannot proceed with your Application. Please note that any such checks and inquiries may occur after opening of Your merchant services account, as they may be desirable or necessary to evaluate the continuance of the Agreement.

If We are satisfied with the credit checks and other enquiries, this Application, the TOS and the Operating Guide, each updated by Us from time to time, will form your Agreement with Us.

IMPORTANT PRINCIPLES AND OBLIGATIONS

The Customer must obtain an Authorisation Code via an electronic terminal or similar device before completing any Transaction. The Customer understands that an AUTHORISATION CODE IS NOT A GUARANTEE OF ACCEPTANCE OR PAYMENT OF A TRANSACTION. RECEIPT OF AN AUTHORISATION CODE DOES NOT MEAN THAT THE CUSTOMER WILL NOT RECEIVE A CHARGEBACK FOR THAT TRANSACTION.

The Customer further understands and acknowledges that the acceptance of Card Not Present Transactions is done entirely at their/its own risk. All Customers must comply with the requirements of the Payment Card Industry Data Security Standards ("PCI DSS"). We require all Level 3 and Level 4 Merchants (determined by Transaction volume) to validate PCI DSS compliance on an annual basis with initial validation to occur no later than ninety (90) days from when the Application has been accepted by Us. The Customer will be charged the PCI Charges further described in the Schedule of Fees. Further, if you are new to card payment processing, you must also comply with the requirements of the Payment Card Industry Payment Application Data Security Standard ("PCI PA DSS"). You must use a value added re-seller ("VAR") whose payment application software (the software used to process the card payment transactions in a secure manner) is compliant with the PCI PA DSS.

It is very important that you read this Application, the TOS and the Operating Guide, before you submit this Application.

CUSTOMER DECLARATION

By submitting this Application, the Customer and its representative(s) warrant and represent to Us that (i) all information provided in this Application is true, complete and accurate, properly reflects the business, financial condition and principal partners, owners or officers of the Customer; and (ii) the person submitting this Application is duly authorised to and has the power (corporate or otherwise) to bind the Customer to all provisions of this Application and the TOS. Transmission of a Transaction Receipt for a Transaction to Elavon, shall be the Customer's acceptance of and agreement to the TOS.

The submission by a representative of the Customer of this Application, or the transmission of a Transaction Receipt or other evidence of a Transaction to Us, shall be the Customer's acceptance of and agreement to the terms and conditions contained in the Agreement, comprising, this Application, the TOS and the Operating Guide. The Customer agrees to comply with the Application, the TOS, the Operating Guide and all applicable laws, rules and regulations including the rules and regulations of the Card Schemes, and understands that failure to comply may result in termination of processing services. Words and phrases not specifically defined in this Application shall have the same meaning as set out in the TOS.

AUTHORISATION TO USE PERSONAL DATA FOR PAYMENT SERVICE PURPOSES

In order to provide the Merchant Services to You we need to access, retain and process personal data. You hereby authorise us to use personal data to enable us to provide the Merchant Services.

This Application (including the Privacy Notice as well as any Continuation Pages), the Schedule of Fees, the TOS and the Operating Guide together constitute the Agreement to which this Application applies.

By submitting this Application, I confirm that I have read and understood the Privacy Notice.

KEEPING YOU INFORMED

We may tell you about products or services or invite you to take part in offers of Ours and Our business partners that We think may benefit you. We may do this by post, by telephone (including by way of automatic dialing), by fax or e-mail

Tick this box if you do not wish to receive this information, but remember this shall preclude you from receiving any of our special offers or promotions.

By submitting this Application, You understand that provided You meet Elavon's criteria for accepting Customers, a binding agreement is entered into between You and Elavon. If You do not meet these criteria, Elavon will decline the Application. Elavon retains the right to decline the Application without further explanation.

Signature



Full Name & Title (Please print)

Date (DD/MM/YYYY)

INTERNAL USE ONLY

I certify to the best of my knowledge and belief that the information provided in this Application was provided by the Customer and is true, complete and accurate in all respects. I further certify that the signatures were provided by the Customer's owner(s) or officer(s), as appropriate

Signature



Full Name & Title (Please print)

Date (DD/MM/YYYY)

Blue fields are for internal use only