

Application for Partner Agreement

Please return the completed form to Sales at sales@tillpayments.com.
If your ABN has changed, please contact your Account Manager.



1 Entity Details

Trading Name

Street

ABN

Suburb State Postcode

Company Name

Consent to Recipient Created Invoices

I agree to Till Payments issuing tax invoices only.

1a. Products

Merchant Services
(POS)

Till Gateway

AuthCC

Hosted Payments

Till Revenue Assurance

Please attach details of additional products and relevant information if needed.

2 Primary Contact

First Name

Last Name

Position

Email address (for sales reporting and notifications)

Email address (for marketing purposes)

Business Phone No.

Mobile No.

3 Referees (optional)

Referee 1

Full Name

Title

Employer

Phone No.

Referee 2

Full Name

Title

Employer

Phone No.

4 Nominated Account

Provide details of the account you would like Till Payments to deposit funds.

Account Name

BSB Number

Account Number

Account Holder 1

Full Name

Account Holder 2

Full Name

Signature (Digital signatures not accepted)

Date Signed

Signature (Digital signatures not accepted)

Date Signed

5 Partner Fee Schedule (Till to complete)

5a. Initial Term:

12 months

24 months

36 months

Other (please specify):

5b. Partner Model

Wholesale (refer to below schedule)

Referral

% of merchant service fees

Hybrid (refer to below schedule)

| Products | Partner Support Fees Structure (attach additional annexures as required) applicable for: First 12 months of a Successful Sales Application (under referral model) OR Term of the Partner Agreement General Terms (under wholesale model) |
|-------------------------|---|
| Merchant Services (POS) | |
| Till Gateway | |
| Pay by Link | |
| Hosted Payments (HPP) | |
| Till Revenue Assurance | |

All fees and charges are quoted GST exclusive and may be varied in accordance with the Partner Agreement – General Terms (Terms). All payments will be made in accordance with the Terms and any special conditions attached to or forming part of this Application. Information about payments will be available via a reporting platform provided by Till.

6 Partner Declaration

1. I/We declare that we have accessed, read and understood the Terms and any special conditions forming part of or attached to this Application.
2. I/We agree to be bound by the Terms and any variation of the Terms.
3. I/We declare that all information in this Application is true and correct.
4. I/We authorise each source (including a bank or financial institution) to give Till any information about the Application which Till requires for this Application and I/we release Till and each source from liability for, and indemnify Till and each source against, all claims and losses arising out of disclosures made in the course of such enquiries.
5. I/We consent to the collection, use and disclosure of personal information and credit information by Till in accordance with the Till Payments Privacy Policy.
6. I/We represent and warrant to Till that where I/we have provided information about another individual in this Application Form, I/we have obtained the express informed consent from that individual to the collection, use and disclosure of that individual's personal and credit information by Till in accordance with the Till Payments Privacy Policy

Director/Secretary/Sole Trader (Individual)

(1) Full Name

Signature (Digital signatures not accepted)

Date Signed

Director/Secretary/Sole Trader (Individual) (2)

Full Name

Signature (Digital signatures not accepted)

Date Signed


Applications are subject to approval by Till Payments

Approved and agreed to by Till Payments Solutions Pty Ltd

Full Name

Shadi Haddad

Authorised Signature



Assigned Partner Manager

Full Name

Mobile

Email

Get more out
of your business today

with Till Payments

P: 1300 369 692

E: info@tillpayments.com

W: tillpayments.com