

Multi Merchant request form

Please use this form to request Multi Merchant facility on your existing Till Payments Solutions terminal and email support@tillpayments.com with the subject heading *Multi Merchant Request*. Alternatively fax to 02 9055 8488. Where possible please type information into the form before printing.

Existing Terminal ID

Business Information	
Legal Name	
Legal Address	
Sole trader/partnership/public/proprietary/assoc. trust?	
ABN	
Business Registration Date	
Business website URL	
Trading Name	
Trading Address	
Industry type	
Brief summary of your core service and/or product	
Contact Name (on site)	
Mobile Number	
Work Number	
Email	
Where would you like your statements and transaction disputes to be sent?	
Other Address (if selected)	
Registered Owner 1	
Full Name	
Position	
Drivers Licence or Passport Number	
Date of Birth	
Are you a property owner?	
Do you have any outstanding bills/ court summons in your name?	
Home Number	
Mobile Number	
Residential Address	
Email Address	
Registered Owner 2	
Full Name	
Position	
Drivers Licence or Passport Number	
Date of Birth	
Do you have any outstanding bills/ court summons in your name?	
Are you a property owner?	

Home Number	
Mobile Number	
Residential Address	
Email Address	
Transaction Information	
Current Transactions	
Average credit card ticket size	
Estimated annual turnover	
What is your refund policy? Full/exchange only/none	
Within how many days do you submit refunds for transactions?	
Do you require pre-authorisation capabilities?	
Estimated annual credit card turnover	
Maximum refund amount required	
Number of refunds per month	
How will you take payments with this device? Please estimate, ensuring total equals 100%	
Card Present	
MOTO	
Internet	
Do you provide cashout services?	
Do you require tipping functionality?	
If you take subscription/membership transactions what is the split as a percent?	
Weekly	
Monthly	
Bi-annually	
Annually	
Other	
What is the term of your subscription?	
If your customers are required to leave a deposit...	
What percentage of the sales value is the deposit amount?	
What is the minimum number of days for delivery from date of deposit?	
How long from time of payment are the goods/services delivered?	
Which cards would you like to accept. Select Yes/No for each option	
VISA	
MASTERCARD	
EFTPOS	
AMEX/JCB	
DINERS	
Do you currently accept Amex/JCB and or Diners Club? If yes, please provide your existing merchant number	AMEX Merchant Number
	Diners Merchant Number
Your Solution Requirements	
Payment terminals. Please select the type and quantity of terminals required	
Countertop IP	Qty

Countertop Dial Up	Qty
Mobile 3G/4G	Qty
Mobile Wi-Fi	Qty
Intergrated	Qty
Acquiring only	
Who is your existing point of sale provider?	
Who is your existing 3 rd Party terminal provider?	
Online Payments. Please select the type of online payments required	
Online Shopping	
Who is your 3 rd Party gateway provider?	
Virtual Terminal/VPOS	
Batch processing/Recurring online	
Value added services. Please select Yes/No for services required	
Till Payment Gateway	
Online Reporting	
Automated Checkout Solutions (Cash/Card)	
Alternative Payments	
Pricing - Surcharge	
EFTPOS	Value
Visa	Value
MasterCard	Value
Amex	Value
Diners	Value
Is surcharge inclusive of GST?	
Direct credit/Direct debit authority	
Direct credit for funding (so that Till Payments Solutions can fund your account)	
Please note that direct credit is only available on certain accounts. Please contact your financial institution if in doubt.	
Bank Account Name	
Bank Name	
Branch Name	
BSB Number	
Account Number	
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.	
Bank Account Name	
Bank Name	
Branch Name	
BSB Number	
Account Number	

1. I/We authorise and request Till Payments Solutions Pty Limited ABN 64 160 726 349 (user ID No. 51177), until further notice in writing, to arrange for my/our account to be debited/credited with any amounts which Till Payments Solutions may properly debit/credit or charge me/us through the Direct Debit/Direct Credit system;

I/We will notify Till Payments Solutions Pty Limited in writing at least 14 days in advance if a change is required to the nominated account(s).

Director / Partner / Sole Proprietor / Authorised Representative

Name*

Name

Date*

dd/mm/yy

Date

dd/mm/yy

Signature* X.....

Signature* X.....

Print Form