



Merchant Application Form

1. Company Information			
Registered Name			
Trade Name			
Registered Address			
Mailing Address			
Office Phone Number		Office Fax Number	
Company Website			
Registration Number		Tax Identification No.	
Years in Business		Paid-up Capital	No. of Employees
Ownership Type	<input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Government		
Nature of Business			
2. Contact Details			
Signatory		Customer Support	
Name		Name	
Office Number		Position/Title	
Fax Number		Office Number	
Position/Title		Mobile Number	
Mobile Number		Email	
Email		Customer Hotline	
Residential Address			
Technical Support		Billing	
Name		Name	
Position/Title		Position/Title	
Office Number		Office Number	
Mobile Number		Mobile Number	
Email		Email	
3. E-Commerce Site Information			
URL	http://		
Tech Platform			
Types of Items Sold			
Target Market			
Est. Monthly Sales		Ave Txn Amount	Max Txn Amount
Currency	<input type="checkbox"/> PHP <input type="checkbox"/> USD		
Plan	<input type="checkbox"/> Standard <input type="checkbox"/> Micropayments <input type="checkbox"/> Mass Payout <input type="checkbox"/> Recurring Payments		
4. Settlement Instructions			
Currency	<input type="checkbox"/> PHP <input type="checkbox"/> USD		Company Acct Name
Bank			Branch Name
Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> Checking		Account No.
Wire Instructions			
Remarks			