



FIRST CITIZENS MERCHANT SERVICES – APPLICATION FORM

COMPANY/BUSINESS PROFILE

Trade Name: _____

Registered Name: _____

Registered Business Address: _____

Operating Business Address: _____

Present Business Mailing Address (if diff): _____

Telephone #: _____ **email address:** _____ **Company Registration #:** _____

Type of Company: Sole Trader Partnership Corporation Limited Liability

History: No. of years in business: _____ No. of branches: _____

No. of years under current ownership: _____ No. of years at current site: _____

Point of Sale Terminal previously installed: Yes No *Bank Statements with activity will be required if yes.*

(If yes, give details) _____

Premises: Owned Rented Leased Term of lease: _____ Exp. Date: _____

Other Business Owned/Operates: _____

Business References (Suppliers, Customers): _____

Storing of card holder data: Yes No

BUSINESS OPERATIONS

Nature of Business: Retail Wholesale Office/ Service Home Based Seasonal

Trading Activity: (Specify, drug store, supermarket etc.) _____

Inventory: Owned Financed

Inventory Description & Value: _____

Major Suppliers: 1) _____ 2) _____ 3) _____

Opening Hours: _____ **No. of staff:** _____ **Main Banker:** _____

Branch Address: _____

Return Policy in Place: _____

Type & No. of Terminal(s) Required: Landline Terminal _____ Wireless Terminal _____ IP Terminal _____

MPOS _____ (Device Make & Model: _____ *E.g. Samsung - 6 edge plus*)

Communication Infrastructure (For Landline Terminal):

Normal (Land line) Shared/Dedicated Meridian (PBX) – to be programmed **Service Provider** _____

ANNUAL - INCOME AND EXPENDITURE (Actual)/ CASH FLOW PROJECTION (Est.)

Income: Actual/ Estimate

Annual Sales (\$): _____

Other Income (\$): _____

Average Sale/ Ticket Size (\$): _____

Largest Sale/ Ticket Size (\$): _____

Smallest Sale/ Ticket Size (\$): _____

Expenses:

Inventory: _____

Rent: _____

Salaries: _____

Utilities: _____

Misc.: _____

Annual Totals

Period: _____

Total Income: _____

Total Expenses: _____

Profit/ (Loss) _____

Annually Expected Credit Card Sales: \$ _____ **Annually Expected Debit Card Sales:** \$ _____

ADDITIONAL FINANCING ARRANGEMENTS

Payment Method - Purchases: Cash Credit **Details of Credit Facility (If appl):** _____

Financing Facilities (If applicable):

Term Loan: \$ _____ **Financial Institution:** _____

Operating line of Credit \$ _____ **Financial Institution:** _____

Overdraft Limit \$ _____ **Financial Institution:** _____

Branch Transaction History Details:

(To include credits such as cash and cheque deposits, debit POS, ACH, etc)

Review Period: FROM: _____ TO: _____

Average Deposits for review period: \$ _____ Maximum Deposit for review period: \$ _____

Average Withdrawals for review period: \$ _____ Maximum Withdrawal for review period: \$ _____

Billing Terms (Immediate payments/Installments/ etc): _____

DIRECTORS/PARTNERS/OWNER INFORMATION

Directors / Partners/ Owner:

Name of Principal 1: _____

Home Address: _____

Previous Address (If less than 3 years) _____

Telephone No.(s): _____ ID / DP / PP #: _____

Email: _____

Name of Principal 2: _____

Home Address: _____

Previous Address (If less than 3 years): _____

Telephone: _____ ID / DP / PP #: _____

Email: _____

Assigned Operational Contact Person:

Name: _____ Title: _____

Contact No.: _____ Email: _____

I / we confirm that the information provided in the Application Form is complete and true, and confirm the following:

1. I/We authorize the Operational Contact Person to act on my/our behalf so as to provide, request and receive information pertaining to the operation and use of the POS Terminal which shall include but is not limited to the issuance of settlement statements and requests for information pertaining to transactions processed by the said terminal(s).
2. All information was provided for the purpose of obtaining Banking Services from First Citizens Bank Limited.
3. I / we authorize the Bank to obtain such information as it requires from any credit reporting agency or from any other source it thinks appropriate.
4. This form will remain the property of the Bank whether or not the Application is approved.

Company Stamp

Signed this _____ day of _____, 20 _____

APPLICANT'S SIGNATURE: _____ APPLICANT'S SIGNATURE: _____

PRINT NAME: _____ PRINT NAME: _____

BANK WITNESS: _____ BANK WITNESS: _____

Site Visit Completed By: _____ **Authorized By:** _____

PRINT NAME: _____ PRINT NAME: _____