

CIF Number

### Customer Information

Registered Company Name	Operating Name (doing business as)	
Address		
Parish	Postal Code	Company Telephone Number

### Type of Ownership

Please indicate if your business is:  
 Sole Proprietorship  
 Partnership  
 Joint Venture  
 Private Company  
 Public Company

Other (specify):

What percentage of ownership does each principal hold?  
First:  %  
Second:  %  
Third:  %

Date of Incorporation (DD/MM/YYYY)	Country of Incorporation

Government Business I.D. :

### Applicant / Principals

Mr.    Mrs.    Ms.    Miss    Other:

First Name	Last Name	Middle Initial(s)
Driver's License Number	Social Insurance Number	
Business Telephone Number	Email Address	
Home Telephone Number	Fax Number	

### Co-Applicant / Principals

Mr.    Mrs.    Ms.    Miss    Other:

First Name	Last Name	Middle Initial(s)
Driver's License Number	Social Insurance Number	
Business Telephone Number	Email Address	
Home Telephone Number	Fax Number	

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### History

Have you or your partner(s) ever:

(a) Accepted credit cards?  Yes, currently  No, never  
 If yes, name of bank:

(b) Has your merchant acquiring services been terminated?  Yes, previously with (name of bank):

(c) Owned or do you currently own other businesses?  Yes  No If yes, please attach a note with the details

1. By what method are sales orders received?  Store Front  Internet

2. Attach six months' merchant processing statements.  Mail / Phone  Other Specify:

3. Does your business operate from multiple locations?  Yes  No

### Business Operations (These fields must be filled out)

Total Annual Sales	Total Annual Credit Card Sales	Total Annual Debit Card Sales	Average Credit Card Ticket Size	Average Debit Card Ticket Size	Estimated Returns	Estimated Chargebacks

### Types of Products Sold

Description:

**VAR Provider:**  Hospitality Systems  Bermuda Automated Resources  Data Tech  Gateway Systems

How many terminals do you require from the VAR?

### Clarien Bank Account Numbers

Yes  No If yes, please list below:

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<input type="checkbox"/> Current <input type="checkbox"/> Savings	<input type="checkbox"/> Current <input type="checkbox"/> Savings	<input type="checkbox"/> Current <input type="checkbox"/> Savings																																																												

I authorize Clarien Bank Limited (the "Bank") to obtain credit information about myself and/or co-aplicant from any credible source. By completing and signing this application, I am requesting the services listed and confirm that the information I have provided, is accurate and complete. Upon using the point of sale merchant services, I agree to be bound by the Bank's POS Merchant Services Agreement. I understand and agree that I shall have to provide further information to the Bank upon request and that such information shall be accurate and complete.

Applicant:       Witness:

Co-Aplicant:       Witness:

Business Owner:       Witness:

Date (DD/MM/YYYY)

### For Bank Use Only

Site inspection conducted:  Yes  No

Received Completed P.C.I. Questionnaire:  Yes  No

Inquiry Conducted on Match:  Yes  No

\_\_\_\_\_  
Signing Officer(s)

Date (DD/MM/YYYY)