

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



POS Merchant Services Application

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<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-applicant 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: <input type="text"/>	Witness: <input type="text"/>
Co-Applicant: <input type="text"/>	Witness: <input type="text"/>
Business Owner: <input type="text"/>	Witness: <input type="text"/>
<input type="text"/> 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)