

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	

## POS Merchant Services Application Form

CIF Number

**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: <input style="width: 95%; height: 20px;" type="text"/>	Witness: <input style="width: 95%; height: 20px;" type="text"/>
Co-Aplicant: <input style="width: 95%; height: 20px;" type="text"/>	Witness: <input style="width: 95%; height: 20px;" type="text"/>
Business Owner: <input style="width: 95%; height: 20px;" type="text"/>	Witness: <input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/> Date (DD/MM/YYYY)	

Clarien Bank Limited, through its wholly owned subsidiary companies, is licensed to conduct bank, investments, corporate service provider and trust business by the Bermuda Monetary Authority.

I have read and understand the terms & conditions, features, functions, rates and fees for this product.

**For Bank Use Only**

Site inspection conducted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Received Completed P.C.I. Questionnaire: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Inquiry Conducted on Match: <input type="checkbox"/> Yes <input type="checkbox"/> No
Signing Officer(s)	<input style="width: 100%; height: 20px;" type="text"/> Date (DD/MM/YYYY)