



Multi Merchant request form

Please use this form to request Multi Merchant facility on your existing Till Payments Solutions terminal and email support@tillpayments.com with the subject heading Multi Merchant Request. Alternatively fax to 02 9055 8488

Where possible please type information into the form before printing.

Existing Terminal ID

Business Information	
Legal Name	
Legal Address	
Sole trader/partnership/public/ proprietary/assoc. trust?	
ABN	
Business Registration Date	
Business website URL	
Trading Name	
Trading Address	
Industry type	
Brief summary of your core service and/ or product	
Contact Name (on site)	
Mobile Number	
Work Number	
Email	
Where would you like your statements and transaction your statements and transaction disputes to be sent?	
Other Address (if selected)	



Registered Owner 1

Full Name

Position

Drivers Licence or Passport
Number

Date of Birth

Are you a property owner?

Do you have any outstanding bills/
court summons in your name?

Home Number

Mobile Number

Residential Address

Email Address

Registered Owner 2

Full Name

Position

Drivers Licence or Passport
Number

Date of Birth

Are you a property owner?

Do you have any outstanding bills/
court summons in your name?

Home Number

Mobile Number

Residential Address

Email Address



Transaction Information

Current Transactions

Average credit card ticket size

Estimated annual turnover

What is your refund policy?
Full/exchange only/none

Within how many days do you
submit refunds for transactions?

Do you require
pre-authorisation capabilities?

Estimated annual credit card
turnover

Maximum refund amount
required

Number of refunds per month

How will you take payments with this device? Please estimate, ensuring total equals 100%

Card Present

MOTO

Internet

Do you provide cashout
services?

Do you require tipping
functionality?

If you take subscription/membership transactions what is the split as a percent?

Weekly

Monthly

Bi-annually

Annually

Other

What is the term of your
subscription?



Transaction Information

If your customers are required to leave a deposit...

What percentage of the sales value is the deposit amount?

What is the minimum number of days for delivery from date of deposit?

How long from time of payment are the goods/services delivered?

Which cards would you like to accept. Select Yes/No for each option

VISA

Yes

No

MASTERCARD

Yes

No

EFTPOS

Yes

No

AMEX/JCB

Yes

No

DINERS

Yes

No

Do you currently accept Amex/JCB and or Diners Club? If yes, please provide your existing merchant number

AMEX Merchant Number

Diners Merchant Number



Your Solution Requirements

Payment terminals. Please select the type and quantity of terminals required

Countertop IP	Qty
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Countertop IP	Qty
---------------	-----

Mobile 3G/4G	Qty
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Mobile Wi-Fi	Qty
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Integrated	Qty
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Acquiring Only	Qty
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Who is your existing point of sales provider?	
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Who is your existing 3rd Party terminal provider?	
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Online payments. Please select the type of online payments required

Online shopping	
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Who is your 3rd Party gateway provider?	
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Virtual terminal	
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Batch processing/Recurring online	
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Value added services. Please select Yes/No for services required

Till Payment Gateway	
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Online Reporting	
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Automated Checkout Solutions (Cash/Card)	
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Alternative Payments	
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Pricing - Surcharge

EFTPOS		Value
Visa		Value
MasterCard		Value
Amex		Value
Diners		Value
Is surcharge inclusive of GST?		Value

Direct credit/Direct debit authority

Direct credit for funding (so that Till Payments Solutions can fund your account) Please note that direct credit is only available on certain accounts. Please contact your financial institution if in doubt.

Bank Account Name	Qty
Bank Name	Qty
Branch Name	Qty
BSB Number	Qty
Account Number	Qty

Direct debit for fees and chargebacks (complete this if a separate account should be used for fees and charges)

Please note that direct debit is only available on certain accounts. Please contact your financial institution if in doubt.

Bank Account Name	
Bank Name	
Branch Name	
BSB Number	
Account Number	



I/We authorise and request Till Payments Solutions Pty Limited ABN 64 160 726 349 (user ID No. 51177), until further notice in writing, to arrange for my/our account to be debited/credited with any amounts which Till Payments Solutions may properly debit/credit or charge me/us through the Direct Debit/Direct Credit system;

I/We will notify Till Payments Solutions Pty Limited in writing at least 14 days in advance if a change is required to the nominated account(s).

Director / Partner / Sole Proprietor / Authorised Representative

NAME

AUTHORISING SIGNATURE

Date:

D D M M Y Y Y Y

NAME

AUTHORISING SIGNATURE

Date:

D D M M Y Y Y Y