

MERCHANT APPLICATION FORM

A. Principal Information

Merchant Entity : Sole Proprietorship Partnership Limited Co
: Others (please specify: _____)

Name of Company/Firm: _____

Business Registration/Company No.: _____

Company/Firm Address: _____

Company/Firm Tel. No. : _____ Fax _____

Trading Name (Doing Business As: _____
(If differs from Company/Firm name)

Business Address : _____
(If differs from Company firm address)

Business Tel. No. : _____ Fax: _____

E-Mail Address: _____

Authorised Signatory Name: _____

House Tel No : _____ H/P No.: _____

Principal Contact Person: _____ H/P No.: _____
(Full name as per NRIC and if differs from Authorised Signatory)

Nature of Business/Principal Activity: _____

If you are a Direct Sales company, please complete the following:

Direct Sales License: _____

Marketing Plan: Multilevel Single Level

Sales Strategies: Door to door sales Counter-Promotion Road-show
 Scratch & Win Others _____

B. Business Details

1. Business Established Since: _____ (Year) Years/Months in Business: _____
2. No. of branches/outlets : _____ Business Hours : _____
3. No. of Sales Counters: _____ (Retail / Departmental Stores)
4. No. of Rooms: _____ (Hotels/Resorts/Clubs)
5. No. of F & B Outlets: _____ Outlets
6. Number of Tables for Restaurants: _____ Tables
7. Number of Shop-lots / Floors for all Merchants: _____ / _____ Shop-lots / Floors
8. Type of Property : Own Rented Relatives Others _____
9. Other Cards Accepted currently or previous acquirer (Please tick whichever is applicable)

	Credit Card	Acquiring Bank	Discount Rate	Type of Terminal	Average Monthly Sales Volume
1	Visa/MC				
2	Meps E-Debit				
3	Amex				
4	Diners				
5	JCB				

C. Settlement Arrangement*

PAYMENT ACCOUNT NAME: _____

DIRECT CREDIT

1. MBB EON CIMB RHB AmBank

Current Account No. : _____

INTER BANK GIRO

2. IBG Bank Name: _____ Current Account No: _____

3. By cheque

** Please provide last two (2) months bank statement for verification*

Yes, I/We would like to subscribe to your weekly statement to be delivered/mailed to me and authorize MBF Cards to debit my merchant account an administrative fee of RM2 on a weekly basis.

No, I/We do not wish to receive the weekly statement.

DECLARATION

I confirm that all the information given above and documents submitted with this application is true and complete. I hereby authorize MBF Cards (M'sia) Sdn Bhd (MBFC) to verify the information from whatsoever source and by whatever means that MBFC considers appropriate. I shall be bound by the terms and conditions of the Merchant Agreement/Card Acceptance Facility Agreement signed by me.

I hereby acknowledge that MBFC shall have the absolute right to approve or reject my application as MBFC deems fit without assigning any reason thereof. I declare that at the time of application, I am not a bankrupt. I confirm that my borrowings from all sources within Malaysia do not exceed an aggregate of RM200,000 (Applicable to non-Malaysians only).

 Authorised Signatory
 Name :
 Designation :
 NRIC No. :
 Date :

 Company's/Firm's Chop