

COMPANY OVERVIEW

Company legal name:	<input type="text"/>		
Legal Form:	<input type="text"/>	DBA/Trade name:	<input type="text"/>
Registration number:	<input type="text"/>	Date of incorporation:	<input type="text"/>
Number of employees:	<input type="text"/>	VAT number:	<input type="text"/>

Company Registered Address

Street address and number:	<input type="text"/>	City:	<input type="text"/>
State/Province:	<input type="text"/>	Country:	<input type="text"/>
		Postal code:	<input type="text"/>

Is Company physical address same as Registered address? Yes: ☐ No: ☐ * ** if NO, please specify below*

Street address and number:	<input type="text"/>	City:	<input type="text"/>
State/Province:	<input type="text"/>	Country:	<input type="text"/>
		Postal code:	<input type="text"/>

Principals

1

Name:	<input type="text"/>	Position:	<input type="text"/>
Address:	<input type="text"/>		
Passport/ID number:	<input type="text"/>	Telephone:	<input type="text"/>
Email:	<input type="text"/>		

Authorised Signatory

who will sign agreements and appropriate contacts to be mentioned in agreements

2

Name:	<input type="text"/>	Position:	<input type="text"/>
Address:	<input type="text"/>		
Passport/ID number:	<input type="text"/>	Telephone:	<input type="text"/>
Email:	<input type="text"/>		

Company Beneficial Owner 1

not a nominee or trustee

Company Beneficial Owner 2

Name:	<input type="text"/>	Name:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
Passport/ID number:	<input type="text"/>	Passport/ID number:	<input type="text"/>
Ownership (%):	<input type="text"/>	Ownership (%):	<input type="text"/>

Is the Company a subsidiary of another company? Yes: ☐ * No: ☐ ** if YES, please specify below*

Parent company name:	<input type="text"/>
Parent company registration address:	<input type="text"/>

PRIMARY CONTACT

Name:

Position:

Telephone:

Email:

Financial Contact

Name:

Position:

Telephone:

Email:

Technical Contact

Name:

Position:

Telephone:

Email:

BUSINESS DESCRIPTION

Description of products and services:

Merchant Website URL 1:

Merchant Website URL 2:

Member area credentials (user ID & password):

Member area credentials (user ID & password):

Descriptor:

Descriptor:

MCC Code (s):

MCC Code (s):

Previous/current acquirer:

For how long?

Have you ever terminated your relationship with another acquirer? Yes: ☐ * No: ☐ * if YES, please provide the reason

Do you have a refund and/or cancellation policy? Yes: ☐ * No: ☐ * if YES, please specify below

Goods shipping: Yes: ☐ * No: ☐ * if YES, please specify below

Delivery by:

PROCESSING INFORMATION

Accepted card types: ☐ VISA ☐ MasterCard ☐ American Express ☐ Diners * if Other, please specify:
☐ OTHER*

Required alternative payment methods: ☐ Skrill (eWallet) ☐ Neteller (eWallet) ☐ Paysafecard (Pre-Paid Cards) ☐ Trustly (online banking) ☐ Alipay (eWallet)
☐ WeChat Pay (eWallet) ☐ China UnionPay (payment system) ☐ ecoPayz (eWallet) ☐ EBANX Boletto Bancario (PostPay) ☐ Entropay (virtual cards/ e-wallet)
☐ Klarna (Sofort) (online banking) ☐ Safetypay (online banking + Cash) ☐ SEPA (Credit Transfer+ Direct debit) ☐ OneCard (eWallet) * if Other, please specify:
☐ OTHER*

Methods of acceptance*

e-Commerce: Mail Order/Telephone Order: Card present: * must equal 100% in total

Recurring payments: Yes: ☐ No: ☐

3D Secure transactions: Yes: ☐ No: ☐
(Verified by VISA / Mastercard SecureCode)

Payout transactions to users: Yes: ☐ No: ☐

Transactions region split*

Europe: North America: Asia: Rest of world: * must equal 100% in total

Required processing currencies: ☐ EUR ☐ GBP ☐ USD ☐ OTHER

Required settlement currencies: ☐ EUR ☐ GBP ☐ USD ☐ OTHER

Expected monthly sales volume: Expected monthly sales count:

Ticket size: Min.: Average: Max.:

Chargeback ratio:
(For startup expected ratio)

Countries for processing:

CARDHOLDER DATA STORAGE COMPLIANCE

Are you or your vendor PCI DSS compliant? Yes: ☐* No: ☐ * if YES, please specify below

Date of compliance: Date of last scan:

Preferred integration method: ☐ Maxpay hosted payment page (PCI DSS compliant status is NOT required)
☐ 3rd party hosted payment page
☐ Host-to-host (PCI DSS compliant status is required)
☐ Other interface (please specify):

Please, indicate the name of gateway:

Are there any countries that you block? Yes: ☐* No: ☐ * if YES, please specify below

Fraud Prevention measures that you use:

SETTLEMENT BANK INFORMATION

Account owner:

Bank name:

Bank address:

Telephone:

Currency:

Account number:

SWIFT code:

IBAN number:

Currency:

Account number:

SWIFT code:

IBAN number:

Currency:

Account number:

SWIFT code:

IBAN number:

DUE DILIGENCE DOCUMENTS

- | | |
|--|--|
| <input type="checkbox"/> Certificates of Incorporation, Shares, Directors | <input type="checkbox"/> Last 6 months processing and chargeback statement from previous processor |
| <input type="checkbox"/> Memorandum & Articles of Association | <input type="checkbox"/> Business Plan (for startup) |
| <input type="checkbox"/> Copy of beneficial owner/principal passport | <input type="checkbox"/> Bank Reference Letter with the details of Company's Settlement Account |
| <input type="checkbox"/> Copy of utility bill for beneficial owner/principal (issued within last 3 months) | <input type="checkbox"/> Proof of Domain Ownership |

NOTES

APPLICABLE TERMS AND DATA PROTECTION

- ☐ I carefully read and agree to the [Terms of Use](https://maxpay.com/terms/) (https://maxpay.com/terms/) and [Privacy Policy](https://maxpay.com/privacy/) (https://maxpay.com/privacy/)
- ☐ I agree to the processing of the above-mentioned data, including personal data for the limited purpose of providing Maxpay Services. I understand that this information, as well as documentation provided in connection with this Application Form, may be transferred to the third-party service providers, some of which can be situated outside EU and I hereby give my consent for that.

Upon signing this Application Form, I represent and warrant that all statements made by the undersigned in this Application Form and in any documentation provided in connection with this Application Form, including financial statements, are true and correct as of the date of signing. I represent and warrant that I have been duly authorized to sign and execute this form in the name of and on behalf of the Applicant.

Authorised signature _____ Name _____ Date _____