

# Merchant Application Form – Institutional Customers Only

Before completing this form, please refer to Section 9 'Declaration and Privacy Consent'.

Please select a reason for this facility from the following:

- New to Credit Cards **Select "Additional Outlet" if you do not currently have a terminal at the school** (provider) and now requires one for the business.
- Change of Ownership **Select "Additional Outlet" if you do not currently have a terminal at the school** merchant facility with Westpac.
- Transfer from another Bank – has a merchant facility with another Bank and would now like to transfer to Westpac.
- Additional Outlet – has opened up another store/franchise and requires a merchant facility for the new outlet, or is establishing a different merchant so **Select "Additional Terminal" if you require an additional terminal (same as existing).** facility.
- Upgrade to Electronic **Select "Additional Terminal" if you require an additional terminal (same as existing).** facility.
- Debit Card Only – requires a merchant facility (to not accept Credit Cards). A new merchant facility ID will be created.
- \*Additional Terminal – requires an additional terminal (same as existing terminal) for our current store/franchise.
- \*Additional Product – requires an additional terminal (different terminal type) for our current store/franchise. A new merchant facility ID will be created.
- \*Change of terminal **Select "Additional Product" if you require an additional terminal (different terminal type).** over to another Bank-owned terminal type. A new merchant facility ID will be created.
- \*Change of terminal with 'no pick-up' – a current non Bank-owned terminal is being swapped over to a Bank-owned terminal type. A new merchant facility ID will be created.

Current Merchant ID (Required for Existing Customers only)

Current Terminal ID (Required for Existing Customers only)

\* If you have selected this reason, you are only required to complete Sections 1, 5, 6 and 9 and this form can be signed by two authorised signatories.

## Section 1 Merchant Details

Trading Name (max 21 characters)

Trading name eg School's name

Legal Entity Name

Legal name eg School's name

ABN/ACN

School's ABN

## Section 2 Address Details

Trading Address (eg. for an EFTPOS terminal - where the terminal is located)

Street			
Suburb		State	Postcode

School's Address

Mailing Name

Mailing Address (if different to trading address)

Street			
Suburb		State	Postcode

School's contact details

Telephone

Fax

Email

Business URL (for online facility requests only)

## Section 3 Contact Details

First Contact

Title (e.g. Mr, Mrs)

Given Name(s)

Surname

1st Authorised contact for Merchant terminal

Position/Title

Telephone

Email

➤➤ Please continue overleaf

**Second Contact** (please complete if required)

Title (e.g. Mr, Mrs) Given Name(s) 2nd Authorised contact for Merchant terminal

Position/Title Telephone Email

**Section 4 Account Details** School's bank a/c details

Account Details – for settlements, billing and processing chargebacks

Settlement Account Name BSB Account Number

\*Billing Account Name BSB Account Number

\*Chargeback Account Name BSB Account Number

\*Please complete if different to settlement account.

DIRECT DEBIT Select for temporary terminal COMPLETE THE DDR FORM IF YOUR BILLING OR CHARGEBACK ACCOUNT IS NOT A GROUP ACCOUNT.

**Section 5 Facility Details (Please complete Section A or B)**

**A) Card Present Facilities** Select for a permanent terminal

Do you require this terminal(s) for a short period? (up to 3 months only) e.g. for Peak Christmas trading, Ski season, Easter etc

Yes  No

If additional terminals are required at another location to that listed in Section 2, please complete a separate Merchant Application form.

Standalone	Quantity Required
<input type="checkbox"/> EFTPOS 1 <span style="border: 1px solid red; padding: 2px;">Fixed Line - requires a phone line &amp; power point (\$16.50 inc GST/month)</span>	
<b>Fixed Line (Existing customers only)</b>	<b>Quantity Required</b>
<input type="checkbox"/> EFTPOS Professional Dial Up (Hypercom T4220)	Quantity
<input type="checkbox"/> Contactless Kit Standard	
<input type="checkbox"/> Contactless Kit Interface <span style="border: 1px solid red; padding: 2px;">Select if you require Tap &amp; Go</span>	
<input type="checkbox"/> EFTPOS Extra (Ingenico i5100)	
<b>Mobile (Existing customers only)</b>	<b>Quantity Required</b>
<input type="checkbox"/> EFTPOS Professional Mobile (Hypercom M4230)	
<input type="checkbox"/> EFTPOS Extra Mobile (Ingenico i7910)	
<b>Countertop (Only available for existing Customers)</b> <span style="border: 1px solid red; padding: 2px;">Mobile - requires GPRS signal (\$27.50 inc GST/month)</span>	<b>Quantity Required</b>
<input type="checkbox"/> EFTPOS Professional Countertop (Hypercom T4230)	Quantity
<input type="checkbox"/> Contactless Kit Standard	
<input type="checkbox"/> Contactless Kit Interface	
<b>Integrated</b>	<b>Quantity Required</b>
<input type="checkbox"/> EFTPOS 1i	
<input type="checkbox"/> Quest Standard^	
<input type="checkbox"/> Quest Unattended^	
<input type="checkbox"/> Axis^	
<input type="checkbox"/> Micros Axis^	
<input type="checkbox"/> PC-EFTPOS i5100 Bank-Owned (Existing customers only)	
<input type="checkbox"/> Contactless Kit i5100	
<input type="checkbox"/> Modem required	
<input type="checkbox"/> PC-EFTPOS i3070 Bank-Owned (Existing customers only)	
<input type="checkbox"/> Modem required	

^ Please note that the Merchant is responsible for all cost that may apply associated with the loading of Westpac software where the terminal is owned by the merchant. Please refer to your Terminal Vendor for further information.

**Section 5 Facility Details (Please complete Section A or B) Continued**

Installation Details: Must be completed for PC – EFTPOS Bank-owned products only

Westpac Installation Required

No ▶ continue to 'Delivery Only' section  Yes ▶ Equipment will not be delivered it will be installed by a technician IT contact for installation - please note that this terminal request cannot progress without your IT contact details. (The merchant is responsible for ensuring IT contact is available for installation.)

Name

Contact Number

Delivery Only

All terminals will be delivered to the site trading address unless an alternative address is specified. (The merchant is responsible for coordinating the installation of the terminals.)

Alternative Delivery Address (if applicable)

Street		
Suburb	State	Postcode

Other	Quantity Required
<input type="checkbox"/> EFTPOS Multi-Merchant Primary	
<input type="checkbox"/> EFTPOS Multi-Merchant Subsequent	

Accepted Cards:  
select Debit/Credit  
only or Both

Accepted Card Types – please select one

Debit Cards Only  Credit Cards Only  Both

Additional Functionality – tick if required

Cash-out  Pre-Authourisation  Refund  Void  Purchase with Tip  Tip Addition

Value-Add Applications – tick if required (not available on EFTPOS 1 and EFTPOS 1i)

Dynamic Currency Conversion (EFTPOS Professional and Micros Integrated Only)  Pinpoint (EFTPOS EXTRA only)  ii

Select if Refund or  
Void is required

Type of Line – please select the type of line this facility will be connected to

ISDN (Argent)  PSTN (Analogue/Dial-Up)  GPRS/3G  IP/Broadband

**B) Card Not Present Facilities (online)**

Choose type of line

<input type="checkbox"/> PayWay
<input type="checkbox"/> Quickstream/Qvalent
<input type="checkbox"/> Batch Advantage
<input type="checkbox"/> Batch Advantage Plus
<input type="checkbox"/> Australia Post
<input type="checkbox"/> Third Party Internet Gateway ▶ Name of Gateway <input type="text"/>

**Section 6 Business Details**

1. Type of Business – include a description of goods/services sold eg. Women's fashion

Type of Business = School

2. Store/Location ID – this will enable you to easily distinguish each EFTPOS store's daily settlement and assist you with bank reconciliation.

Yes ▶ please provide 

Store ID	Location ID
<input type="text"/>	<input type="text"/>
(numeric)	(numeric)

 No ▶ Go to question 3

3. Add to Chain/HQ – link this new facility to an existing Chain or HQ number (this information can be found on your merchant statement)

Yes ▶ please provide relevant Chain/HQ number below if known  If unknown ▶ Go to question 4

Chain number: 9000  eg: Likelihood of receiving a payment over the phone? HQ number: 8000

4. Is MOTO (Mail Order/Telephone Order) required?

Yes ▶ continue  No ▶ Go to question 6 Expected percentage of sales through MOTO

5. What percentage of sales will be MOTO?  
 % eg 5%

6. Special Instructions – please note any special instructions such as required delivery date, special delivery instructions etc.

No ▶ Go to section 7

**Section 7 Additional**

Anticipated credit card turnover with new Merchant terminal

Anticipated average credit card transaction eg \$20, \$50 etc

1. What is your anticipated total yearly credit card turnover for this facility?

2. What is your anticipated average credit card ticket size?

3. What is your anticipated card mix? (Total card % must equal 100%)

Standard Cards %

85%

Corporate Cards %

5%

Premium Cards %

5%

International Cards %

5%

4. Existing Charge Card IDs – if you have an existing ID with any of the below parties please provide it. If you require a new charge card ID please contact the relevant scheme.

No ▶ Go to section 8

AMEX ID

JCB ID

Diners Club ID

**Section 8 Prepayment Details**

Select Yes

1. Will this facility be used for your business/organisation to take prepayment or partial payment prior to delivery of goods and services (including lay-bys, subscriptions and memberships)?.....

Yes ▶ continue

No ▶ Go to Section 9

2. What percentage of credit card sales are prepaid?.....

Approximate percentage

 %

eg: 7-14 days?

 days

3. What is the average time between receipt of payment and delivery of goods/services?.....

**Section 9 Declaration and Privacy Consent**

- I acknowledge, if applicable, that by signing this declaration, I represent and warrant to you that I am authorised by the company or organisation named under "Merchant Details" above ("the Applicant") to do so.
- I understand that Westpac may require me, the applicant to provide specific documentation in order to assess this application and that the information in this application is true and correct and I authorise you to verify the information.
- I acknowledge that, if I, the applicant is advised of approval, I the applicant will be sent a copy of the Merchant Terms and Conditions, and that I the Applicant will become legally bound by these by commencing to process transactions through the facility.
- I agree that Westpac can debit/credit the nominated accounts in this application with fees and charges which will be confirmed to me.
- I the person(s) signing that application, acknowledge that I have heard or viewed on Westpac's website or received and understood Westpac's Privacy Policy and I consent to the collection, use and disclosure of personal information and merchant information in accordance with the Privacy Policy. Where I have provided information about another individual, I declare that the individual has been made aware of that fact and the contents of Westpac's Privacy Policy.

**Signature Section:**

If signed on behalf of a Company, this form is to be signed by two (2) Directors or by one (1) Director and one (1) Secretary. If signed on behalf of all other types of organisations, the equivalent officers/representatives of the organisation must sign. In all cases, other than a company, evidence of authority to sign on behalf of the organisation must be provided if not already held.

Full name of the School

Signed for and on behalf of (insert name of business/organisation applicant)

Name in full

Signature

 X

Signature of Principal/Relieving Principal

Official Designation (e.g. Director, Company Secretary or equivalent)

Date

 / /

Signature of second account signatory (not the School Admin Manager)

Name in full

Signature

 X

Official Designation (e.g. Director, Company Secretary or equivalent)

Date

 / /