



AIB Merchant Services Application Form

This AIB Merchant Services Application Form (the “**Application**”) should be signed by or on behalf of the Merchant. It is very important that the Merchant has read the Application and the declarations set out within in conjunction with the Terms and Conditions before signing. By signing the Application, you are confirming that the details provided within are correct and that you have read and understood and agreed to be bound by the terms of the Agreement.

PLEASE COMPLETE IN BLOCK CAPITALS AND ANSWER ALL QUESTIONS

Type of Application
(please tick appropriate):

<input type="checkbox"/> New Application	<input type="checkbox"/> Additional Outlet	<input type="checkbox"/> Additional Facilities for existing Outlet
<input type="checkbox"/> Card Present	<input type="checkbox"/> Internet / e-commerce	<input type="checkbox"/> Card Not Present (CNP)

Legal Character of Business

Business Type:

<input type="checkbox"/> Limited Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Limited Liability Partnership (LLP)
<input type="checkbox"/> Public Limited Company (PLC)	<input type="checkbox"/> Society	<input type="checkbox"/> Club	<input type="checkbox"/> Other
Merchant name (Full Legal Name):			
Merchant trading name (if different):			

Trading Address:

Street (Name and Number):	
Town:	
County:	
Postcode:	
Country:	

Name of Contact:

Position in Company:

Email Address:

Telephone Number:

Existing AIB Merchant Services Merchant Name (if applicable):

Existing AIB Merchant Services Merchant Number (if applicable):

Website Address(es) – your company web address and a list of URL's associated with your company (mandatory if you trade using e-commerce):

Cardholder Statement – Trading Name you would like to appear on the cardholder statement (if applicable):

Company Registration Number (if appropriate):

VAT Registration Number:

Date of Incorporation:

If member of trade association please provide name and membership number:

AIB Merchant Services is a registered business name of First Merchant Processing (Ireland) Limited, incorporated in Ireland under registration number 355871 and having its registered office at Block 6 Belfield Office Park, Beaver Row, Clonskeagh, Dublin 4.

Directors: R Bracken (UK), D Courtney, D Flynn, T O'Midheach, J Power, P Stunt (UK), L Turley, J Webb.

“AIB” and the AIB logo are the registered trademarks of Allied Irish Banks, p.l.c. and are used under licence by First Merchant Processing (Ireland) Limited. First Merchant Processing (Ireland) Ltd trading as AIB Merchant Services, is regulated by the Central Bank of Ireland.

AIBMPAGB0514

Business Profile

Please fully describe the exact nature of your business and specifically what card payments will be taken for:

Total Annual Company Turnover –
Actual or Projected:

 £

Total Annual Card Turnover –
Actual or Projected:

 £

Average Card Transaction Value –
Actual or Projected:

 £

Method of Sales

Card Present: %	Card Not Present (CNP): %	Internet: %	= 100% of Card Sales (actual or projected).
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If you accept deposits prior to the supply of goods or services please specify:

The size of the deposit paid in advance, e.g. percentage of total transaction value:

 %

The average time, in advance of delivery of goods/services, that deposits are taken:

 days

If you accept full payment prior to the supply of goods or services please specify:

The percentage of goods/services where payment is taken prior to delivery:

 %

The average time, in advance of delivery of goods/services, that full payments are taken:

 days

If you accept Electronic Commerce Transactions, which PSP will you be using:

If more than one service provided with differing pre-payment times please confirm split of card turnover and details of pre-payment:

Description of service/goods sold:	Level of card turnover: %	Delivered: days
Description of service/goods sold:	Level of card turnover: %	Delivered: days
Description of service/goods sold:	Level of card turnover: %	Delivered: days
Description of service/goods sold:	Level of card turnover: %	Delivered: days

NB All splits of card turnover should total 100%

WARRANTIES/GUARANTEES

Do you take payments for any guarantees or extended warranties (excluding manufacturing warranties):

☐ Yes ☐ No

The average length of any guarantees/warranties sold:

 Months

The average percentage of goods returned whilst under guarantee/warranty:

 %

What is your refund policy?

Subscriptions

Do you take or plan to take payments for subscriptions or memberships by card?

☐ Yes ☐ No

Please specify all membership/subscription options, length of time and percentage taken on cards.

Percentage of card turnover relating to subscriptions/memberships:

 %

Length of subscriptions/memberships and percentage taken on cards:

months	% taken on cards
months	% taken on cards
months	% taken on cards

Does the Cardholder billing involve automatic renewals or recurring transactions:

☐ Yes ☐ No

If yes – Cardholder must separately confirm that they accept that their card will be used for Recurring Transactions.

Banking Information

CREDIT:

Bank name and address for
primary bank account:

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Name on bank account:

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Bank account number and Sort code:

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DIRECT DEBIT:

Bank name and address for
primary bank account:

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Name on bank account:

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Bank account number and Sort code:

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Additional Address Details Here (if applicable)

Where your company is a subsidiary of another company please provide name and registration number of parent and/or ultimate parent:

Parent Name:

Registration Number:

Ultimate Parent Name:

Registration Number:

Head Office address details (if applicable):

Store Name and Number
(if applicable):

Contact Name:

Email Address:

Street (Name and Number):

Town:

County:

Postcode:

Country:

Business Telephone Number:

Registered address details (Company or LLP):

Street (Name and Number):

Town:

County:

Postcode:

Country:

Billing / correspondence / Chargeback address details (if different to address on page 1):

Store Name and Number
(if applicable):

Contact Name:

Email Address:

Street (Name and Number):

Town:

County:

Postcode:

Country:

Business Telephone Number:

Statement to:

Trading ☐

Correspondence ☐

Chargebacks to:

Trading ☐

Correspondence ☐

Retrievals to:

Trading ☐

Correspondence ☐

Principal Details

Depending on your business type we require the following Principals to complete this section:

- in the case of a sole trader, the sole trader;
- in the case of a partnership, all partners;
- in the case of a limited company, two directors or a director and the company secretary;
- in the case of a limited liability partnership, two members (who can be designated members).

If a Principal is not an individual please provide details on a separate sheet.

Details must be provided for each Principal who signs this Application.

PRINCIPAL NUMBER 1

Position in Company:

Length of time with Company:

Title:

Full name:

Date of Birth:

Nationality:

Country of Residence:

Home Address:

Postcode:

PRINCIPAL NUMBER 2

Position in Company:

Length of time with Company:

Title:

Full name:

Date of Birth:

Nationality:

Country of Residence:

Home Address:

Postcode:

PRINCIPAL NUMBER 3

Position in Company:

Length of time with Company:

Title:

Full name:

Date of Birth:

Nationality:

Country of Residence:

Home Address:

Postcode:

Checklist of information required to be provided with this application (as applicable)

The following information is mandatory for all applications:

- ☐ Copy of last 2 years audited accounts and any later trading accounts or if trading less than 2 years, a Business Plan.
- ☐ Last six months merchant statements (12 months if seasonal business).
- ☐ A recent bank statement from every account that will be used for receipt of funds.
- ☐ Signed Direct Debit Mandate.

Please also provide all items that are checked from the list below:

- ☐ Original or certified copy of Certificate of Incorporation (if trading less than 6 months).
- ☐ Copies of brochures/advertising material.
- ☐ Copies of any guarantee/warranty information.
- ☐ Copies of any subscription/membership terms and conditions/Agreement.
- ☐ Copies of dummy web address (if website not yet live).
- ☐ Full details of any fulfilment of orders by third parties – copies of contracts etc.

Note: Non-receipt of the above information may delay the processing of this Application.

Declarations

MERCHANT DECLARATION

Words and expressions used in this Application will, unless otherwise defined in this Application, have the same meaning as set out in the Terms and Conditions.

By signing this Application you are:

1. Confirming that you are duly authorised to sign on behalf of the Merchant and no consent or approval is required from any other person.
2. Acknowledging that in certain circumstances Transactions may be charged back to you, and that you accept the risk of any such Chargebacks.
3. Agreeing that you will comply with the Payment Card Industry Data Security Standards (PCI DSS).
4. Confirming that you understand that an Authorisation Code is not a guarantee of payment, particularly where the Cardholder or Card was not present when the Transaction was undertaken.
5. Confirming that the information you have provided in this Application is accurate and correctly reflects the goods and/or services offered by your business and the Merchant Services you wish to receive. You further confirm and agree that you will notify AIB Merchant Services in advance of any changes to the information provided herein.
6. Acknowledging and agreeing that you have read and are bound by the terms of the Agreement (comprising this Application, the Terms and Conditions and such other documents as the parties may from time to time agree, which together, shall constitute the entire Agreement between the parties) (the "Agreement").
7. Acknowledging and agreeing that neither AIB Merchant Services nor the Bank will sign this document and that AIB Merchant Services and the Bank will become bound by the Agreement only by beginning to perform the Merchant Services.
8. Agreeing to and authorising the searches, and use of your information, as set out within the Terms and Conditions Part 6 – Use of Information.
9. Agreeing to and authorising the searches, and use of your information in whatever format we deem necessary and as more particularly as set out in the Gateway Services Terms and Conditions.

I/we confirm that the information provided in the Application is correct and I/we have read and accept the AIB Merchant Services Terms and Conditions.

Signed by a duly authorised representative for and on behalf of the Merchant.

Signatures – PLEASE READ THE DECLARATIONS BEFORE SIGNING

Signature:

Print name:

Position:

Date:

Signature:

Print name:

Position:

Date:

Signature:

Print name:

Position:

Date:

FOR INTERNAL USE ONLY

Date of introduction/Initial enquiry:

Date of Field Force/Direct Sales Contact:

Date Facility required:

Date Site Visit Undertaken (if applicable):

Date Contract Signed by Merchant:

Date Application Received for Keying:

Sales Manager ID:

Relationship Manager ID:

First Trust Merchant Services Referral Code:

Key Account:

Yes ☐

No ☐

Trade Association:

Additional Comments