

PesoPay Payment Service Application Form



Referral / Reseller ID: _____

Section A - Company Information

Registered name							
Registered business address							
Mailing address							
Warehouse address							
Business Registration No.				Non-profit Organization		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tax Identification No.							
Yrs of business		Country of Incorporation		Paid up capital		No. of employees	
Ownership Type		<input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Partnership		<input type="checkbox"/> Limited Company	
Project Contact				Email			
Position				Office No.			
Mobile No.				Fax			
Name of Director				ID of Director			

Section B - Contact Information

Website URL	http://		Target Launch date	/ / Month / Date / Year	
Technical Contact IT	1. _____ 2. _____	Operations Contact	1. _____ 2. _____		
Email	1. _____ 2. _____	Email	1. _____ 2. _____	(All a/c related issues will be sent to this email)	
Tel. No.	1. _____ 2. _____	Tel. No.	1. _____ 2. _____		

Section C - Business Information

Business Nature			
Products and services		Target customer	
Did the director have any terminated online business before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Current or past online payment provider / Bank		<input type="checkbox"/> Current: _____ <input type="checkbox"/> Past: _____	
Annual sales volume for past 2 years (PHP)		Last year	Year before last year

Section D - On-line Business

Delivery method or company			
Customer service hotline		Any returned goods policy?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fulfillment cycle time		Receipt?	
_____ Day / Week		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Monthly Business Figure	After 3 months	After 6 months	After 1 year
Forecast no. of transaction			
Forecast sales volume			
Average transaction amount	PHP:		
Maximum transaction amount	PHP:		
Section E – PesoPay Service Plans and Solutions			
A. PesoPay eCommerce (Credit Card) Service Plans			
Plans : <input type="checkbox"/> Premier Plan <input type="checkbox"/> Standard Plan			
B. Other Payment Service Plans			
PesoPay eCharity -		Copy of PCNC Certificate	

Please provide the following documents and fax to us at (632) 8870182.

- Copy of the Business Registration
- Copy of the corporate account bank statement (Recent 3 months)
- Copy of past month online sales history (if appropriate)
- Copy of the Terms and Conditions

I hereby to certify that all the above information is accurate.

Applicant Signature

Name : _____

Title : _____

Date : _____

For Internal Use ONLY:

BR		Bank Stat	
Domain contact		Company search	
Site visit date			
Site info.			
T & C			
Return & Refund			
Shipping & Delivery			
Payment schedule		15/30____ (Days)	
Recommendation		_____ _____	