

# PesoPay eCharity Payment Service Application Form



Referral / Reseller ID: \_\_\_\_\_

## Section A - Company Information

|                                 |   |                         |                              |
|---------------------------------|---|-------------------------|------------------------------|
| Registered name                 |   |                         |                              |
| Registered organization address |   |                         |                              |
| Mailing address                 |   |                         |                              |
| Business Registration No.       |   | Non-profit Organization | <input type="checkbox"/> Yes |
| Tax Identification No.          |   |                         |                              |
| Yrs of business                 | Paid up capital   | No. of employees        |                              |
| Ownership Type                  | <input type="checkbox"/> Non-profit/Education <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation |                         |                              |
| 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. _____<br>2. _____ | Operations Contact | 1. _____<br>2. _____  |
| Email                | 1. _____<br>2. _____ | Email              | 1. _____<br>2. _____<br>(All a/c related issues will be sent to this email) |
| Tel. No.             | 1. _____<br>2. _____ | Tel. No.           | 1. _____<br>2. _____  |

## Section C - Organization Information

|  |  |                       |                     |
|--|--|-----------------------|---------------------|
| Nature of Organization                                       |  |                       |                     |
| 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 donation / sales volume for past 2 years (PHP)        | Last year  | Year before last year |                     |
|  |  |                       |                     |
| <b>Monthly Business Figure</b>                               | <b>After 3 months</b>  | <b>After 6 months</b> | <b>After 1 year</b> |
| Forecast no. of transaction                                  |  |                       |                     |
| Forecast sales volume  |  |                       |                     |
| <b>Average transaction amount</b>                            | PHP: _____   |                       |                     |
| <b>Maximum transaction amount</b>                            | PHP: _____   |                       |                     |

## Section D – PesoPay eCharity Service Plans and Solutions

|  |                                       |  |                                       |
|--|---------------------------------------|--|---------------------------------------|
| <b>A. PesoPay eCommerce (Credit Card) eCharity Service Plans</b> |                                       |  |                                       |
| Plans :  | <input type="checkbox"/> Starter Plan | <input type="checkbox"/> Standard Plan | <input type="checkbox"/> Premier 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 SEC Registration
- Copy of the corporate account bank statement (Recent 3 months)
- Copy of PCNC Certification or document showing grant from international funding institution
- Copy of the Terms and Conditions

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

Applicant Signature

**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      | _____<br>_____   |                |  |

Name : \_\_\_\_\_

Title : \_\_\_\_\_

Date : \_\_\_\_\_