

SG Principal Application Form General

CHECKLIST	
NOTE: You MUST complete ALL sections of this application form before submitting it to Ezypay. Please also note that completion of this Ezypay Application Form does not constitute immediate acceptance on behalf of Ezypay. Ezypay reserves the right to decline an application. The Ezypay Application Form must be signed by he Owner, Director or Proprietor of your business. Attach a copy of the Company Registration Certificate. Attach a copy of the bank statements for your nominated accounts in Section 4. We do not accept screen shots. Attach a copy of both sides of the Owner's, Director's or Proprietor's Photo ID. Signature, address and Photo ID must be clear and legible. Have you attached all of the above before sending your application? Please ensure that all sections are complete and all necessary documents are attached. Failure to do so will delay your application. Email this form to hello@ezypay.com	
Company or Individual Name Trading Name Business Certificate No. Business Website	3. FEE SCHEDULE Please tick who is to pay. Customer Business 1. Once off customer load fee \$5.00 2. Transaction Fees Visa, MasterCard 3.3% + 0.50c 3. Monthly access fee \$49.00
Address Line 1 Address Line 2 Postcode Facebook Page	4. SPECIAL CONDITIONS
Title/Position Address Line 1 Address Line 2 Postcode Mobile No.	* This is a mandatory field. This account is for Ezypay to put money into your account. This account must match the bank statement provided and be in the Principal's name. Name of Bank * Branch Name * Account No. * Bank Address * Swift Code*
Phone No. Email Signature Additional Authorised Name(s) and Signature(s) – I hereby authorise these people to make any changes	• It is mandatory to fill in this section. Please DO NOT write "AS ABOVE" in this section. This is to allow Ezypay to direct debit outstanding Fees and other monies. It must be in the name of the Owner, Director or Proprietor of the business. Payment Type * VISA MasterCard Please select one Name on Card *
Name Name Signed Signed	Card Number * Expiry Date * (IDD-MMN-YYYY) Cardholder Signature *



7. ACKNOWLEDGEMENT and AGREEMENT

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Note: Should be signed by the Owner, Director or Proprietor of the business. I/We acknowledge and accept that the fees quoted in this Application Form and in the Fee Schedule are subject to change on Ezypay giving reasonable notice. I/we acknowledge receiving a copy of Ezypay's Terms and Conditions and that I/we have read and understand Ezypay's Terms and Conditions. I/we acknowledge that the Services are provided subject to Ezypay's Terms and Conditions and I/we have signed this Application Form subject to the Terms and Conditions. I/We acknowledge that my/our Agreement with Ezypay shall be for an Initial Term of 24 months and will then continue for future terms of that same period unless terminated by me/us in accordance with Ezypay's Terms and Conditions. TERMS & CONDITIONS: Ver 1.1 Updated as of 27 June 2014 SG Signed Date For office use only: Approval Code Date Processed 8. ACCOUNT INFORMATION Distribution Frequency Weekly 1st of month Calendar **FAILED PAYMENT SET UP** 1. Who will pay the failed payment fee? Customer Business 2. If a payment fails, I want to: Re-bill the debit (choose a day between 3 – 30 days Stop billing Continue 3. Send failed payment notifications to the customer Yes No **DEBIT VALUE** Average debit value Maximum debit value \$1,200 **CUSTOMER TRANSFER** Customers to transfer are from Date of First Billing (DD-MM-YYYY) Please remember to attach the following documentation A copy of the Business Registration Certificate. A copy of the bank statement for your nominated accounts in section 4. We do not accept screen shots.

A copy of both sides of the Owner's, Director's or Proprietor's

legible.

photo ID. Signature, address and photo ID must be clear and

Ver 2.1 Updated as of 13 August 2018