



## INTERNATIONAL MERCHANT APPLICATION

<b>Company Name:</b>	
<b>Trading Name (if applicable):</b>	
<b>What name would you like displayed on the customer's statement?</b>	

Ownership Type:													
LTD:		Sole Trader:		PLC:		Partnership:		LLP:		Charity:		Other:	

Company Registered address & Contact Details:	
Address Line 1:	
Address Line 2:	
Town or City:	
County:	
Postcode:	
Country:	
Business Tel Landline Number:	
Company Reg number:	
VAT Number:	
Country of incorporation:	
Date of Incorporation:	
Date Business commenced or is due to commence trading:	/ /
Current Ownership Since:	/ /
Daytime Contact telephone number:	
Telephone number for customer queries:	
Email for customer queries:	
Contact Email:	
Website URL 1	
Card Statement Descriptor required for Website URL 1	
Log-in details for Website URL 1 (if required to access full content)	
Website URL 2	
Log-in details for Website URL 1 (if required to access full content)	
Log-in details for Website URL 2 (if required to access full content)	
Please supply details for additional websites and/statement descriptors on a separate sheet	

Company Trading address if different from above:	
Address Line 1:	
Address Line 2:	
Town or City:	
County:	
Postcode:	
Country:	

Your Business details:		
Are any current legal proceedings being taken against the business and any associated/parent company or Director? (If 'Yes', please attach a separate sheet with details)	Yes	No
Do you have any existing card processing facilities?	Yes	No
If 'Yes' with whom? (If 'Yes' please provide trading/processing statements for the last 4 months)		
Has the business or any parent, associate, subsidiary or director ever been declined card processing facilities? (If 'Yes', please attach a separate sheet with details)	Yes	No
Has the business or any parent, associate, subsidiary or director ever had card processing facilities withdrawn/terminated? (If 'Yes', please attach a separate sheet with details)	Yes	No

Applicant Director/Owner/Partner :												
Title:	Mr		Mrs		Miss		Ms		Dr		Other	
First Name(s)/Last Name:												
Home Address Line 1:												
Home Address Line 2:												
Town or City:												
County:												
Postcode:												
Country:												
Home Telephone Number:												
Mobile Telephone Number:												
Years at current address:					Yrs	If less than 3 years please state previous address:						
Date of Birth (DD/MM/YYYY):					/	/						
Nationality:												
Driving Licence Number:												
Passport Number:												
Percentage Shareholding:												

Please confirm your card turnover and specify if actual or estimated				
Total Monthly Business Turnover		Currency	Actual	Estimated
Total Monthly Card Turnover		Currency	Actual	Estimated
Average Transaction Value:		Currency	Actual	Estimated
Please indicate which transaction currencies you require				
Where will you accept orders from?				
Within own country		%	Within the rest of Europe	
		%	International	
		%		%

Nature of Business:
<i>Please provide a detailed and full description of your products/services and details on how you wish to use the Account: If the product or service you provide is fulfilled more than 1 month after payment is made please provide details.</i>

**IMPORTANT NOTE: If a membership is for 1 year then this will be 365 days, if you sell travel packages it will be the number of days from booking until the travellers return home. If you ship goods it will be the time from purchase to receipt by the buyer of that product. If instant delivery of your products and services, input 0 days in the fields provided**

What is the average number of days from a customer paying for the product/service until they have received the product/service in its entirety:	Days	Weeks	Months
What is the longest number of days from a customer paying for the product/service until they have received the product/service in its entirety:	Days	Weeks	Months
If you “up-sell” or “cross-sell” (or similar) any additional products at the time of purchase please provide further details			

<b>Are there any other companies involved in the acceptance, shipping or fulfilment of the product/service?</b>	Yes	No
<b>If Yes, please give further details of who they are and what they provide:</b>		

<b>Are Sales Seasonal:</b>	Yes	No				
<b>Quarterly seasonal:</b>	Jan-Mar: %	Apr-Jun: %	Jul-Sep: %	Oct-Dec: %		

<b>Sales method:</b>		
Internet: %	Mail Order: %	Tel Order: %

<b>Refunds:</b>				
If goods are returned, within how many days do you submit the refund?				
0-3 Days	4-7 Days	8-14 Days	Over 14 Days	Other (State)

<b>Deposits:</b>			
Do you take deposits?	Yes	No	
If Yes, how far in advance of supply are deposits taken?	Days	Weeks	Months
What % of your total turnover relates to deposits?	%		
How far in advance of supply is the balance payment made?	Days	Weeks	Months
Size of deposit as a % of total transaction value:	%		

<b>Delivery of Physical, Downloadable or Services provided:</b>						
Please indicate as a %, the average time from payment to the point that the cardholder receives everything that they have paid for. (Total % should =100%)						
1 -7 Days	8 – 14 Days	15 -30 Days	31 – 60 Days	61-180 days	+180 days	Payment is taken after delivery of goods/services
%	%	%	%	%	%	%

## Anti-Fraud Measures

Please provide details of all anti-fraud measures that you have implemented:

## Website Integration:

Please confirm what method of technical integration you intend to use.

For example, which shopping cart solution are you using? If you are unsure of the answer to this question, please refer to your web developer for advice.

## Required Supporting Documents

The following should be emailed to [info@laphnig.com](mailto:info@laphnig.com) within the next five (5) working days:

1. Your last 3 months processing statements from your current processor (copy statements and/or screen prints only – no excel spread sheets)
2. If you operate in a regulated sector i.e. Financial Services, Gambling etc a copy of your licence (or a letter from an in-country lawyer explaining why your activity does not require such a licence)
3. Current Passport or Driving Licence for the applicant director
4. Recent utility bill (less than 3 months old) showing the home address for the applicant director
5. Company registration certificate (unless applicant business is a sole trader/partnership)
6. Memorandum and articles of incorporation (unless applicant business is a sole trader/partnership)
7. Proof(s) that the applicant business owns the website url domain(s) being applied for
8. A Group Ownership structure chart as follows (unless applicant business is a sole trader/partnership):

## Declaration and signature

During our assessment of your application, we will use the services of credit reference agencies to confirm your home address and calculate your personal credit score. Information held by the credit reference agencies is used by us and others to help verify the identity of customers and to assess their ability to meet financial commitments. This enables accounts to be opened more quickly and reduces the need to obtain third-party references.

To enable us to form an accurate view of the existing financial commitments of customers, credit reference agencies may link the records of “financial associates” (such as spouses, family members, or cohabiters) who have entered into joint financial obligations. Once linked, this association means that each of the records will be taken into account in all future applications for credit by either financial associate and will continue until one of them successfully files a “disassociation” with the credit reference agencies by establishing that this financial link no longer exists. Information held about you by the credit reference agencies may already be linked to records relating to one or more of your “financial associates”. If so, for the purposes of any application to us for services you may be treated as financially linked and if so your application will be assessed with reference to any associated records. Further details about “financial association”, “disassociation”, and credit reference agencies are available by contacting the credit reference agencies directly.

We may make periodic searches of credit reference agencies, and fraud prevention agencies to manage your account, and to take decisions regarding your account and the terms under which we have opened it, including whether or not to confirm or extend your account.

You have the right of access to your personal records held by credit reference and fraud prevention agencies. We will supply the names and addresses of the agencies we use upon request.

By submitting the attached application documents you confirm that you have read the foregoing and agree to us obtaining the aforementioned information during our assessment of your application for payment processing services.

I confirm that I have read the [Terms and Conditions](#), the [Refund Policy](#) & [Privacy Policy](#) and I am authorised to accept them. In addition, I wish to opt-out of any Interchange Plus pricing option at this time.

Signed for and on behalf of \_\_\_\_\_ [Insert full company name]

By \_\_\_\_\_ Director [Insert applicant director’s full name]

Signed \_\_\_\_\_

Date \_\_\_\_\_