



Merchant Application Form

1. Company Information				
Registered Name				
Trade Name				
Registered Address				
Mailing Address				
Office Phone Number		Office Fax Number		
Company Website				
Registration Number			Tax Identification No.	
Years in Business		Paid-up Capital	No. of Employees	
Ownership Type	<input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Government			
Nature of Business				
2. Contact Details				
Signatory				
Name		Position/Title		
Office Number		Mobile Number		
Fax Number		Email		
Residential Address				
Technical Support				
Name		Billing		
Position/Title		Name		
Office Number		Position/Title		
Mobile Number		Office Number		
Email		Mobile Number		
		Email		
3. E-Commerce Site Information				
URL	http://			
Tech Platform				
Types of Items Sold				
Target Market				
Est. Monthly Sales		Ave Txn Amount		Max Txn Amount
Currency	<input type="checkbox"/> PHP <input type="checkbox"/> USD			
PayEasy Plan	<input type="checkbox"/> Lite <input type="checkbox"/> Basic <input type="checkbox"/> Standard <input type="checkbox"/> Enterprise			
PayPal Account				
4. Settlement Instructions				
Currency	<input type="checkbox"/> PHP <input type="checkbox"/> USD			
Bank		Branch Name		
Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> Checking		Account No.	
Wire Instructions				
Remarks				