



Thank you for your interest in applying for a merchant facility. Simply fill out the below form and fax or email this page back to us.
Upon receipt of this form, we will complete your eftpos application and fax or email documentation to you within 24 hours.

Send form to: Email: enquiry@ezeapos.com.au Fax: **(08) 9270 0333**

If you have any questions or queries, please do not hesitate to contact me on **1800 100 767**.

Business Details

Trading Name ARBN

Company Name ABN
(only Pty Ltd)

Contact Name & Position ACN

Structure of Business Sole Trader Partnership Company Inc. Body

How long has business been established? Years Months Type (e.g. automotive):

Business Phone () Fax () Mobile No

Email

Trading Address Suburb PC

Mailing Address Suburb PC

How did you hear about Ezeapos?

Director/Proprietor Details

Surname Given Names

Surname Given Names

Settlement Account Details

Bank Account Name Bank
(as it appears on your cheque book)

Branch BSB - Account No.

How long with current bank?

Please attach a copy of a cancelled cheque, deposit slip or top section of a bank statement as proof of your account details

Additional Details

Are you a member of a Group or Association? Yes No Name:

Member # End of receipt message
(max of 20 characters e.g. thank you)

Current Merchant No's: Amex Diners Mobile Terminal Required?

I/we would like information about the following (please tick):

Amex Diners Ezeapos Referral Rewards Banking Insurance