

# Merchant Services application form



Please complete this form and return to BNZ via email to [BNZ\\_MerchantPayments@bnz.co.nz](mailto:BNZ_MerchantPayments@bnz.co.nz)

## Business Information

### I wish to apply for:

- |   |   |
|---|---|
| <input type="radio"/> EFTPOS Only           | <input type="radio"/> EFTPOS & Credit Cards (incl CUP)  |
| <input type="radio"/> CurrencySelect EFTPOS | <input type="radio"/> Credit Batch                      |
| <input type="radio"/> Buy-Line+ Online      | <input type="radio"/> Buy-Line+ Online & CurrencySelect |
| <input type="radio"/> Buy-Line+ Direct      | <input type="radio"/> Buy-Line+ Direct & CurrencySelect |
| <input type="radio"/> BNZ Securit-e         | <input type="radio"/> DPS                               |
| <input type="radio"/> DPS & CurrencySelect  | <input type="radio"/> Paper                             |

### Contact name

First
Last

### Trading name


### Legal business name

(as per Companies Office record) or full name(s) of sole trader / partners


### Description of business & stock


### Name of any trade associations or groups you are a member of

(if you are applying for an EFTPOS only or EFTPOS & Credit Cards facility)


### Business address

Building	
Street address	
Suburb	
Town/City	Postcode

### Mailing address (if different from above)

Number or PO Box	
Street address	
Suburb	
Town/City	Postcode

### Contact

Work 0	Mobile 02
Home 0	Fax 0
Email	

### Bank account for settlement

leave blank if BNZ account to be opened

Store	Account number	Suffix

### Bank account for charging

leave blank if BNZ account to be opened

Store	Account number	Suffix

### Installer details

(if you are applying for an EFTPOS facility or EFTPOS & Credit Cards facility)

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### Terminal type

(if you are applying for an EFTPOS facility or EFTPOS & Credit Cards facility)

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### Terminal ID number

(if you are applying for EFTPOS facility or EFTPOS & Credit Cards facility as a Change of Owner. This number can be found on a receipt under Terminal ID)

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### Website developer name

(if you are applying for an online merchant facility)

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### Website developer contact

(if you are applying for an online merchant facility)

Phone 0
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### Any additional information

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### Date facility required

D	D	M	M	Y	Y
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## Complete the following section if you are applying to process Credit Card transactions

### Sales Information

Annual Business Turnover	\$
% of Annual Turnover in Credit Card Sales	%
Average Sale Price	\$
% of International Customers	%
What % of orders have a delivery period?	%
Delivery period for NZ sales?	Days
Delivery period for International sales?	Days

### Do you charge a Deposit?

<input type="radio"/> Yes <input type="radio"/> No	
If Yes, what percentage of the sale is charged?	%
How many days in advance is the deposit charged?	Days

### Will you be accepting Credit Cards by Mail, Phone/Fax or Internet?

<input type="radio"/> Mail <input type="radio"/> Phone/fax <input type="radio"/> Internet	
% of Credit Cards by Mail, Phone/Fax or Internet (combined)	%

### Name & Merchant number of existing or previous businesses that have had Merchant Services with BNZ

Name
Number

### Additional Card Schemes

<input type="radio"/> American Express	Merchant Number
<input type="radio"/> Diners	Merchant Number

\*To process American Express and Diners card transactions you must have a Merchant Facility directly with those card schemes.

If you do not currently have facilities with these schemes would you like BNZ to contact them on your behalf?  Yes  No

Upon return of this application a Merchant Agreement will be forwarded to you. Could you please indicate your preferred method of delivery by ticking one of the boxes below.

Email - I/we consent to BNZ sending the Merchant Agreement to me/us in electronic format to the above email address and confirm agreement to "Bank of New Zealand terms and conditions - Email delivery of Merchant Documentation" as disclosed at [bnz.co.nz](http://bnz.co.nz)

Note:

- (i) Emails are transmitted over the Internet which is an unsecure public domain and subject to risk including interception, corruption, non-delivery and mis-delivery; and  
(ii) Emails transmitted by the Bank for this purpose are deemed to be sent in accordance with the "Bank of New Zealand Terms and Conditions - Email delivery of Merchant Documentation" which are available at [bnz.co.nz](http://bnz.co.nz) or by request to us at [BNZ\\_MerchantPayments@bnz.co.nz](mailto:BNZ_MerchantPayments@bnz.co.nz)

Mail

#### Signature - to be completed by the business owner/s

Full name

Signature

D | D | M | M | Y | Y

Full name

Signature

D | D | M | M | Y | Y

All applications are subject to the Banks approval process.

If you have any questions please call us on 0800 737 774.

Please return completed application form to: [@bnz.co.nz](mailto:bnz.co.nz)

or fax it to us at ( )

### Are there any other areas of banking that BNZ can help you with?

- Internet Banking  Cheque Account  
 Savings Account  GST Tax Accounts  
 Business EFTPOS Card  Credit Card/Business Visa  
 Vehicle Equipment Finance  Business Insurance  
 Contents/Public Liability Insurance  Other

### Directors Details

If there are more than four Directors please advise BNZ staff

#### Director 1

Full Name (including Middle Name/s)

First Middle

Last

#### Date of birth

D | D | M | M | Y | Y

#### Current residential address

Building

Street address

Suburb

Town/City Postcode

#### Previous residential address (if less than 5 years at current residential address)

Number or PO Box

Street address

Suburb

Town/City Postcode

#### Does the Applicant have New Zealand Residency?

Yes  No

#### Director 2

Full Name (including Middle Name/s)

First Middle

Last

#### Date of birth

D | D | M | M | Y | Y

#### Current residential address

Building

Street address

Suburb

Town/City Postcode

#### Previous residential address (if less than 5 years at current residential address)

Number or PO Box

Street address

Suburb

Town/City Postcode

#### Does the Applicant have New Zealand Residency?

Yes  No

#### Director 3

Full Name (including Middle Name/s)

First Middle

Last

#### Date of birth

D | D | M | M | Y | Y

#### Current residential address

Building

Street address

Suburb

Town/City Postcode

#### Previous residential address (if less than 5 years at current residential address)

Number or PO Box

Street address

Suburb

Town/City Postcode

#### Does the Applicant have New Zealand Residency?

Yes  No

#### Director 4

Full Name (including Middle Name/s)

First Middle

Last

#### Date of birth

D | D | M | M | Y | Y

#### Current residential address

Building

Street address

Suburb

Town/City Postcode

#### Previous residential address (if less than 5 years at current residential address)

Number or PO Box

Street address

Suburb

Town/City Postcode

#### Does the Applicant have New Zealand Residency?

Yes  No

#### Comments