

APPLICATION FOR NETS MERCHANTCONNECT

New Application Existing Application

PART 1: COMPANY INFORMATION

Name of Company : _____
 Trading Name (if any) : _____
 Address : _____
 _____ Postal Code
 Name of Applicant : _____ Designation : _____
 Email Address : _____ Tel / Fax : _____

PART 2: USER LOGIN

Please select the type of login you wish to apply and complete the details. Application for the **first Customer-code is free**. Charges will apply on any Retailer-code and/or each additional Customer-code applied.

CUSTOMER-CODE: To view the NETS transactions of all your outlets (First login is free)

	Name of User	Designation	Contact No.	Email address	Account No.*
1					
2					
3					

*Indicate the Account No. you wish to apply for MerchantConnect. The Account No. can be found on your monthly invoice e.g. N0001. Please attach additional application form if you wish to apply for more than 3 accounts. Application for the first login is free. Charges will apply for each additional login applied under the same Account No.

RETAILER-CODE: For individual outlets to view its own NETS transactions only (Charges apply)

	Name of User	Contact No.	Email Address	Retailer/Merchant ID**	Outlet Address
1					
2					
3					

**Indicate the Retailer/Merchant ID you wish to apply for MerchantConnect. The Retailer/Merchant ID can be found on your monthly invoice or receipt e.g. 11100009999. Please attach additional application form if you wish to apply for more than 3 accounts. Charges will apply for any Retailer-code applied under each Account No.

PART 3: UNDERTAKING

I am fully aware that NETS makes no representations or warranties of any kind with respect to the performance of MerchantConnect. I accept that NETS neither guarantee the delivery or the accuracy of the contents of MerchantConnect. NETS shall not be liable to me or anyone else for all and any losses or damages arising from the provision of this service. I acknowledge that the use of MerchantConnect is subject to the Terms of Use of the MerchantConnect which are displayed on NETS's Web Site.

I hereby authorise NETS to bill me for the additional login account(s) (where applicable) with my monthly invoice. I hereby declare that I am the authorized person to sign on behalf of the company.

 Name and Signature of Authorised Officer

 Date

 Company Stamp

Note: Please allow 7 working days for processing. Only completed forms will be processed. The Login ID and PIN will be emailed to the user(s) once the application has been successfully processed. It is therefore important that you provide us with a valid email address in your application form.

FOR NETS INTERNAL USE ONLY			
Login ID	Initial PIN	Login ID	Initial PIN
1) C / R		4) C / R	
2) C / R		5) C / R	
3) C / R		6) C / R	