Network for Electronic Transfers (Singapore) Pte Ltd
298 Tiong Bahru Road #04-01/06 Central Plaza Singapore 168730
Tel: (65) 6272 0533 Fax: (65) 6272 2334 Website: www.nets.com.sg
Co. Reg. No. 198500065G GST Reg. No. M2-0069095-8

NETS SEPARATE BILLING APPLICATION FORM

☑ ***Yes! We would like to have separate billing for our outlets.***

Attention: Finance Department

PART 1: COMPANY INFORMATION

Name of Company/Firm/Sole Proprietorship : _____

Trading Name (if any) : _____

Address : _____ Postal Code _____

NETS Account Number : _____ (Refer to Invoice)

Name of Applicant : _____ Designation : _____

Email Address : _____ Tel / Fax : _____

PART 2: SEPARATE OUTLET BILLING INFORMATION

Name of Outlet : _____

Address : _____

_____ Postal Code

Name of Applicant : _____ Designation : _____

Email Address : _____ Tel / Fax : _____

Note: Please attach separate sheets for more than one (1) outlet.

PART 3: UNDERTAKING

We/I hereby request and authorize NETS to bill us/me separately for the above-mentioned outlet for the monthly invoice. I declare and warrant that the above information provided is true and correct.

The following application forms are attached for NETS to process my request:

- Application Form for Interbank Giro Form
- Terminal Application Form(s), if any.

_____ _____ _____
Name and Signature of Authorised Officer | Date | Company Stamp

Note: Please allow 7 working days for processing. Only completed forms will be processed.

FOR NETS INTERNAL USE ONLY

_____ _____
Processed By | Date

_____ _____
Approved By | Date

Remarks: _____