



## Scotia CardPoint\* Merchant Services - Application

REGISTERED COMPANY NAME		OPERATING NAME		
BUSINESS ADDRESS				
BUSINESS LICENSE		REGISTRATION NUMBER		
<b>Type of Ownership</b>				
Please indicate if your business is <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Incorporated <input type="checkbox"/> Limited <input type="checkbox"/> Other (specify): _____				
What percentage of ownership is held by each principal? First: _____ % Second: _____ % Third: _____ %				
<b>Applicant</b>		<b>Co-Applicant</b>		
LAST NAME	FIRST NAME	LAST NAME	FIRST NAME	
TITLE		TITLE		
DRIVER'S LICENSE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE	SOCIAL SECURITY NUMBER	
HOME TELEPHONE		HOME TELEPHONE		
BUSINESS TELEPHONE	FAX NUMBER	BUSINESS TELEPHONE	FAX NUMBER	
<b>Currency :</b> _____ This currency will apply where ever "\$" is shown, unless stated otherwise				
<b>History:</b>				
Have you or your partner(s) ever:				
(a) accepted credit cards?	<input type="checkbox"/> No, never	<input type="checkbox"/> Yes, currently <input type="checkbox"/> Yes, previously	If yes, which Bank did/do you deal with? _____	
(b) had your merchant acquiring services terminated?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please attach a note with the details.	
(c) owned or do you currently own other businesses?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please attach a note with the details.	
(d) filed for bankruptcy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please attach a note with the details.	
<b>Merchant Business Location</b>				
1. By what method are sales orders received?	<input type="checkbox"/> Store-front <input type="checkbox"/> Mail/Phone	<input type="checkbox"/> Internet <input type="checkbox"/> Other	Specify: _____	
2. Does your business operate from multiple locations?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, attach a list of locations.	
3. How many terminals and imprinters will you require?	_____ Terminals	_____ Imprinters		
4. Is the business location owned or leased?	<input type="checkbox"/> Leased	<input type="checkbox"/> Owned	If leased, attached a copy of the lease agreement. If owned, name & address of mortgage holder: _____	
5. Duration of operation at the above mentioned location:	____/____	Years/Months		
<b>Merchant Inventory</b>				
<input type="checkbox"/> Owned or <input type="checkbox"/> Financed	AVERAGE ANNUAL VALUE OF YOUR INVENTORY \$ _____			
<b>Your Business Operations</b>				
TOTAL ANNUAL SALES	TOTAL ANNUAL CREDIT CARD SALES	TOTAL ANNUAL DEBIT CARD SALES	AVERAGE CREDIT CARD TRANSACTION SIZE	AVERAGE DEBIT CARD TRANSACTION SIZE
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Types of Products Sold</b>				
Description: _____				
<b>Scotiabank Account</b>				
<input type="checkbox"/> No <input type="checkbox"/> Yes	BRANCH LOCATION	TRANSIT NUMBER	ACCOUNT No.	
SCOTIABANK MAY OBTAIN CREDIT INFORMATION ABOUT THE APPLICANT AND/OR CO-APPLICANT FROM ANY CREDIT BUREAU, OR ANY OTHER PERSON IN CONNECTION WITH ANY OF their dealings with Scotiabank and Scotiabank may disclose (automatically or upon request) credit information about the Applicant and/or Co-Applicant to credit bureaus and persons with whom the Applicant and/or Co-Applicant has or proposes to have financial dealings or if Scotiabank believes disclosure is required by law. By completing and signing this application, you request the services listed and confirm that the information you have given is true and complete. You acknowledge receipt of the companion booklet and agree to be bound by the agreements in the <b>Scotia CardPoint Merchant Services Agreement</b> .				
Date _____	Applicant _____	Witness _____		
	Co-Applicant _____	Witness _____		
	Owner of Business _____	Witness _____		
<b>References</b>				
NAME			TELEPHONE	
NAME			TELEPHONE	
<b>Bank use only</b>				
DATE	SIGNING OFFICER(S)			
COMMENTS				
<b>Recommendations</b>				
Type of Service:	<input type="checkbox"/> EDC	<input type="checkbox"/> Authorization Only	<input type="checkbox"/> Paper	
Cards Accepted	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover®/Novus®	<input type="checkbox"/> American Express <input type="checkbox"/> Debit