



**POS MOA APPLICATION FOR ACCREDITATION
(MERCHANT INFOSHEET)**

Note: pls. print all information

Corporate Name: (if single prop., please leave blank)
Merchant Name:
Merchant Category:
Commission rate:
MOA Signatory/ies:
Designation:
Complete Corp. Address:
Number of branch/es:
Address/es (per branch): <i>pls. attach additional sheet if necessary</i>
Number of Lanes/Counters (per branch): <i>pls. attach additional sheet if necessary</i>
Telco Provider (per branch): <i>pls. attach additional sheet if necessary</i>
Contact Person (Head Office):
(Acctg. or Credit Dept., in charge for reconciliation and designated person for installation of POS terminal)
Designation:
Email Address: <i>IMPORTANT-(report will be sent through email)</i>
Contact Number/s:
Fax Number:
Contact Person in Billing:
Company TIN Number:
Community Tax Certificate Number of the Company:
Place and Date Issued:
Community Tax Certificate of the Signatory:
Place and Date Issued:
Depository Bank / Branch:
Bank Account Name:
Depository Branch Head or Account Officer:
Branch Contact Nos.:
Complete Address of Depository Branch:

Please fax the information sheet to BANCNET at (02) 844-9104, Tel. No. 856-8100

For BancNet use only:		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sale Only	Sale with Rewards footer and CUP without Rewards footer	Cash back only

Conforme:

W/ Existing Terminal, pls. check
 Without Terminal

Reminder:

1. Conforme should be signed by the Authorized Signatory of the Company.
2. For Corporations, please attach a copy of the SEC Registration and the BIR Form 1901 and Audited Financial Documents (first 5 pages).
3. For Single Proprietor, please attach BIR Form 1901, recent financial statements or ITR and Mayor's Permit to Operate.