Merchant Services Multi Merchant Primary Approval Form

This form is used for a Primary Merchant to authorise a Secondary Merchant to use the Primary Merchant's Electronic Terminal(s) and related hardware

*Designates this is a Mandatory Field.

Office Use Only WIN:

CURRENT PRIMARY MERCHANT DETAILS

*Primary Merchant Number (Last 7 Digits)

Terminal ID Number(s) (This number can be found on any EFTPOS receipt or EFTPOS merchant card)

*Current Merchant's Trading Name

Primary Merchant Details

Primary Merchant Authority

For the use of Electronic Terminal(s) and related hardware
Capitalised terms have the same meaning as in the Primary Merchant's Merchant Agreement, unless the context requires otherwise.

By signing this form, I/we as Primary Merchant agree to the following :

- I/we authorise the Secondary Merchant to use the Electronic Terminal(s) and all related hardware supplied to me pursuant to my/our Merchant Agreement for the purposes of processing Transactions in accordance with the Secondary Merchant's Merchant Agreement on and from the Effective Date.

- I/we as the Primary Merchant will be solely responsible for the Electronic Terminal(s) for the purposes of Conditions 18.2(iv) and (v) (or, if applicable, Condition 18.3(iii)) of the General Conditions and agree to indemnify ANZ Worldline Payment Solutions for any damage to the Electronic Terminal caused by the Secondary Merchant.

- Where I/we are required to collect personal information from a third party in order for that third party to use an Electronic Terminal, I/we acknowledge and agree that I/we must obtain that third party's consent to collect such personal information before doing so.

- I/we will provide at least 30 days written notice to the Secondary Merchant before giving notice to ANZ Worldline Payment Solutions that I/we wish to terminate my/our Merchant Agreement.

- My/our Merchant Agreement may be terminated, or my/our Merchant Facilities may be suspended, as a result of the termination of the Secondary Merchant's Merchant Agreement or the suspension of the Merchant Facilities made available under (and as defined in) that agreement, respectively.

☐ Partnership ☐ Sole Owner ☐ Trust ☐ Company

*Name of Signatory 1 of Primary Merchant (Please print)

Email Address

Signature

*Name of Signatory 1 of Primary Merchant (Please print)

Email Address

Signature

*This authority is to be effective as of the following date (Effective Date) (dd/mm/yyyy):

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SECONDARY MERCHANT'S DETAILS

Secondary Merchant Authority

For the use of ANZ Worldline Payment Solutions Primary Merchants Electronic Terminal(s) and related hardware
Capitalised terms have the same meaning as in the Secondary Merchant's Merchant Agreement, unless the context requires otherwise.

By signing this form, I/we as Secondary Merchant agree to the following:

- The Primary Merchant has authorised me/us to use the Primary Merchant's Electronic Terminal(s) and all related hardware for the purposes of processing Transactions, on and from the Effective Date.

- The Primary Merchant will be required to collect personal information from me/us in order for me/us to use the Primary Merchant's Electronic Terminal(s). I/we consent to the collection of such information and have obtained any necessary approvals of my/our directors/shareholders to give effect to this consent.

- I/we as Secondary Merchant will be responsible for all Transactions processed against my/our Merchant ID details using the Primary Merchant's Electronic Terminal(s).

- My/our Merchant Agreement may be terminated, or my/our Merchant Facilities may be suspended, as a result of the termination of a Related Merchant's Merchant Agreement or the suspension of the Merchant Facilities made available under (and as defined in) such an agreement, respectively.

☐ Partnership   ☐ Sole Owner   ☐ Trust   ☐ Company

*Name of Signatory 1 Secondary Merchant (Please print)

Email Address

Signature

*Name of Signatory 1 Secondary Merchant (Please print)

Email Address

Signature

*This authority is to be effective as of the following date (Effective Date) (dd/mm/yyyy):

HOW TO SUBMIT

Please ensure the following have been actioned prior to returning the form.

- All check boxes must be checked and mandatory fields completed before ANZ Worldline Payment Solutions can process this request.
- Primary Merchant must complete, sign relevant sections and return to proposed Secondary Merchant.
- Proposed Secondary Merchant must ensure that this form is faxed to ANZ Worldline Payment Solutions along with any supporting documentation as indicated in Customer Checklist.

Fax to: **1300 550 427**

Email to: MerchantApplicationReturn@worldline.anz.com