



RBC ROYAL BANK (BAHAMAS) LIMITED
APPLICATION FORM FOR MASTERCARD/VISA MERCHANT SETUP

Card Services Centre

P.O. Box N-7549
 Nassau, Bahamas
 Telephone: (242) 326-2273
 Facsimile: (242) 322 6527
 Transit: 02565

1. Company's Legal Name: _____
2. Doing Business As: _____
3. Previous Bankers: _____
4. Owners: _____ Contact Person: _____
5. Account Number: _____
6. Type of Business: _____
7. Business Telephone Number: _____ Fax: _____
8. Business Address (P.O. Box): _____ E-mail: _____
9. Imprinter Required: _____
10. Branch Approval: _____ Referred By: _____
11. A/C Officer's Code: _____
12. Authorization Requirements: P.O.S. _____ Visa Centre _____

ELECTRONIC DATA CAPTURE

Discount Rate Negotiated _____

American Express Merchant # _____

Other Merchant # _____

PLEASE RETURN THE COMPLETED FORM TO:

CREDIT SERVICES
MERCHANT SERVICES DEPARTMENT
RBC ROYAL BANK (BAHAMAS) LIMITED
NASSAU
BAHAMAS

NOTE: THIS IS TO BE DONE AFTER THE APPLICATION HAS BEEN REVIEWED BY CREDIT MANAGERS.



MERCHANT & POINT OF SALE SERVICES APPLICATION

TO: RBC **Royal Bank** (Bahamas) Limited

Please approve our application to be a RBC Royal Bank (Bahamas) Limited point of sale merchant.

We (Applicant) certify that all information supplied to you [RBC Royal Bank (Bahamas) Limited] in our application is true and complete. If you approve our application, you will send us the applicable Merchant Agreement(s) and Service Agreement(s) for the related point of sale services we have applied for. If we use any of your point of sale services after you approved our application, it will mean that we have received and read the Merchant Agreement(s) and Service Agreement(s). It will also mean that we have understood and agreed with you to everything written there.

You may collect credit and other financially related information about us ("information") from us, from credit bureaux and from other parties. You may use information as follows: (i) you may give it to credit bureaux and other parties who have or may have financial or other business dealings with us, (ii) you may use it to determine our financial situation, (iii) you may use it for any purpose related to the provision to us of services we request from you. You may also give it to anyone who works with or for you, but only as needed for the provision of those services, (iv) you may use it to promote your services to us. You may also add it to client lists you prepare and use for this purpose, and (v) you may share it with your affiliates (where the law allows for this), in the form of client lists or otherwise, so that they may promote their services to us.

Even if we are no longer your client(s), you may keep information in your records and use it for the purposes noted above.

Date: _____

For Companies

(Applicant Legal Name)

per: _____
Name: _____
Title: _____

per: _____
Name: _____
Title: _____

For Associations

(Applicant Legal Name)

per: _____
Name: _____
Title: _____

Branch Approval

For Partnerships

(Applicant Legal Name)

per: _____
Name: _____
Title: _____

per: _____
Name: _____
Title: _____

For Individual/Sole Ownerships

(Applicant Signature)

Merchant Trading Name (If applicable)

