



**RBC  
Royal Bank  
of Canada**

Card Services Centre  
P.O. Box 68  
Broad Street, Bridgetown

Telephone (246) 461-6778  
Facsimile: (246) 228-8691  
Transit: 05694

Form 3201 (Barbados & EC)

**DATE:**  
**BRANCH / OFFICER#**  
**NAME:**

**MERCHANT CREDIT CARD APPLICATION / SETUP FORM**

**GENERAL INFORMATION**

- 1. Company Name:**
- 2. Doing Business As:**
- 3. Business Address (P.O. Box):**
- 4. Country:**
- 5. Owners / Principal Contact:**
- 6. Contact Telephone Nos:** Area Code      **Bus**      **Fax**      **H**      **Cell**
- 7. Email Address:**      **Website Address:**

**FINANCIAL INFORMATION**

- 1. Business Type / Description:**
- 2. Number Of Years In Business:**
- 3. Previous Bankers (If Applicable):**
- 4. Bank Account Number (for POS Processing Settlement ):      Transit**
- 5. RIBS Customer #:**
- 6. Sales By Phone / Internet - Card Not Present Volume:**
- 7. Cash Collateral Requirements / Credit Established:**
- 8. Annual Sales Volumes:**

**FINANCIAL INFORMATION CONT'D**

- 9. Percentage Of Credit Card Sales:**
- 10. Average Sale Of Transaction Amounts:**
- 11. Number Of Years RBC Client:**
- 12. Average Monthly Deposits:**
- 13. Average Current Account Balance:**
- 14. Financial Statements Obtained (3yrs)  
Or Personal Statement of Affairs:**
- 15. Other Business Facilities With RBC:**
- 16. Cash Collateral Held: \$**  
*(Minimum of 3X monthly sales volume  
with unsigned drafts, or new Merchant)*
- 17. BBTR In File For Risk Exposure On Unsigned Charges  
Based On Minimum 3X Monthly Volumes:**
- 18. Suggested Discount Rate :      %              Currency:**

**CARD CENTRE USE ONLY**

<b>Card400 Merchant ID:</b>	<b>Discover ID:</b>	<b>Amex ID:</b>
<b>Terminal Serial #</b>	<b>Terminal ID #</b>	<b>Terminal Type:</b>
<b>Equipment Code: 375</b>	<b>NO. Devices</b>	<b>Merchant Category:</b>

**PLEASE RETURN THE COMPLETED FORM TO:**

**CREDIT SERVICES CENTRE  
ROYAL BANK OF CANADA  
P.O. BOX 68  
BROAD STREET  
BRIDGETOWN**

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

**MERCHANT & POINT OF SALE SERVICES APPLICATION**
**TO: Royal Bank of Canada**

Please approve our application to be a Royal Bank point of sale merchant.

We (Applicant) certify that all information supplied to you (Royal Bank of Canada) 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: \_\_\_\_\_

**For Partnerships**

 \_\_\_\_\_  
 (Applicant Legal Name)

per: \_\_\_\_\_

Name:

Title:

per: \_\_\_\_\_

Name:

Title:

**For Individual/Sole Ownerships**

 \_\_\_\_\_  
 (Applicant Signature)

Merchant Trading Name (If applicable)
_____
_____

**BRANCH APPROVAL**

The undersigned hereby recommend the above Merchant for Visa / MasterCard / Discover credit card processing, and confirms the Merchant meets our requirements for approval i.e. – have been an established Merchant for 3 years and / or the owners / shareholders are well known to RBC. Financial Statements or PSofA are held. **In the case of Merchants with internet sales or card not present sales – much higher risks are associated and have assessed with cash collateral of \$                   M, held to support this application.**

**RECOMMENDED:**.....

**APPROVED:**.....

**ACCOUNT MANAGER COMMERCIAL (PL9 MINIMUM) OR COUNTRY MANAGER**