

# PAYMENT GATEWAY APPLICATION FORM

UNIT 12, THE PAVILION, NO 14 CENTRAL PARK  
THE ESPLANADE, CENTURY CITY, CAPE TOWN  
FAX: 086 644 4141



## MERCHANT DETAILS

COMPANY TYPE:	<input type="text"/>	COMPANY NAME:	<input type="text"/>		
REGISTRATION NUMBER:	<input type="text"/>	VAT NUMBER:	<input type="text"/>	INDUSTRY TYPE:	<input type="text"/>
PHYSICAL ADDRESS:	<input type="text"/>				
POSTAL ADDRESS:	<input type="text"/>				
TELEPHONE NUMBER:	<input type="text"/>	FAX NUMBER:	<input type="text"/>	CELL NUMBER:	<input type="text"/>
DIRECTORS:	<input type="text"/>				

## SOLUTION AND RATES PACKAGES

MERCHANT BANK:	<input type="text"/>	SOLUTION:	<input type="text"/>	PACKAGES:	<input type="text"/>	URL:	<input type="text"/>
MERCHANT BANK:	<input type="text"/>	SOLUTION:	<input type="text"/>	PACKAGES:	<input type="text"/>	URL:	<input type="text"/>

## DEBIT ORDER AUTHORITY

WE HEREBY CONFIRM THAT ALL INFORMATION ABOVE IS CORRECT AND GRANT MYGATE COMMUNICATIONS (PTY) LTD AUTHORITY TO DEBIT THE BELOW BANKING ACCOUNT WITH AMOUNTS PAYABLE IN TERMS OF THIS AGREEMENT.

ACCOUNT HOLDER:	<input type="text"/>			ACCOUNT TYPE:	<input type="text"/>
ACCOUNT NUMBER:	<input type="text"/>	BANK:	<input type="text"/>	BRANCH CODE:	<input type="text"/>
NAME:	<input type="text"/>		SIGNATURE:	<input type="text"/>	





CONTACT INFORMATION SHEET

**PRIMARY CONTACT** (The Primary Contact will receive the welcome email, as well as all notifications related to the payment gateway service.)

NAME:

POSITION:

CONTACT NUMBER:

EMAIL ADDRESS:

**BILLING CONTACT** (The Billing Contact will be receiving the invoice from MyGate on a monthly basis.)

NAME:

POSITION:

CONTACT NUMBER:

EMAIL ADDRESS:

**TECHNICAL CONTACT** (The Technical Contact will be receiving technical notifications from MyGate.)

NAME:

POSITION:

CONTACT NUMBER:

EMAIL ADDRESS:

**WEB CONSOLE ADMINISTRATOR** (The Web Console Administrator will be receiving the username and password for the MyGate web console.)

NAME:

POSITION:

CONTACT NUMBER:

EMAIL ADDRESS:

**WEB DEVELOPER** (The Web Developer will be receiving the intergration documentation.)

NAME:

POSITION:

CONTACT NUMBER:

EMAIL ADDRESS:

I HEREBY CONFIRM THAT THE ABOVE DETAILS ARE CORRECT. PLEASE NOTE THAT IT IS YOUR RESPONSIBILTY TO CONTACT MYGATE IF ANY OF THE ABOVE DETAILS ARE TO CHANGE.

NAME:

SIGNATURE:

DATE: