



Tourism Exchange Australia Online Merchant Service Facility referral form

Please complete the following for expediting of Merchant application with BWA Merchant Services. Once this is received, BWA Merchant Services will provide you with a Merchant Agreement and Direct Debit Request for signing.

Full legal name of Business (must match the name on bank account):		
Trading Name:		
ABN (mandatory):		
Trading Address:		
Town/Suburb:	State:	Postcode:
Postal Address (if different from above) for BWA Merchant Services statement:		
Town/Suburb:	State:	Postcode:
Email Address:		Website Address:
Principal's Information (Owner/Partner/Director/Officer):		
Name:		Title:
Date of Birth:	Drivers Lic No.:	Home or Mobile:
Home Address:		
Town/Suburb:	State:	Postcode:
Products:		History
<input type="checkbox"/> Accommodation	<input type="checkbox"/> Attraction	<input type="checkbox"/> New Starter
<input type="checkbox"/> Tour	<input type="checkbox"/> Event	<input type="checkbox"/> Established Business
TXA Connection Type:		
<input type="checkbox"/> Frontdesk	<input type="checkbox"/> Direct Connect (e.g. Siteminder, RMS, RoomMaster, MyFidelio etc.)	
A. Average <u>Number</u> Online bookings per month:		
B. Estimated Average <u>Value</u> of Online booking: \$		
C. Total Annual Online bookings (A x B x 12): \$ (per annum)		
Estimated Average Annual Turnover: \$ (per annum)		
Bank account into which you would like funds transferred: BSB: _____ A/C: _____ (This must be a <u>business</u> bank account, not a private bank account)		
Please provide copy of a recent bank statement for the above account:		Attached <input type="checkbox"/>
Please provide a copy of your Drivers Licence:		Attached <input type="checkbox"/>
Do you have an existing <u>ONLINE</u> Merchant Facility? (not EFTPOS): <input type="checkbox"/> Yes <input type="checkbox"/> No.		
If YES, please provide copy of last Merchant Statement:		Attached <input type="checkbox"/>
Do you Currently have an Amex Online Merchant Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No.		
If YES, please advise Amex MID: _____		
If NO, please advise if you would like to enable Amex payments: <input type="checkbox"/> Yes <input type="checkbox"/> No.		

SIGNED BY DULY AUTHORISED SIGNATORY

Name: _____ **Signature:** _____ **Date** _____

Please scan this form and attachments and email to v3sales@v3sales.com OR fax them to 02 9247 9999. If you require assistance completing this form, please call Sales on 1300 266 582 or Helpdesk on 1300 880 683.