

# Payment Application Form

Please complete the Application Form in full.

Note: all sections of this form must be completed. If a box or section does not apply, please place 'n/a' or 'not applicable' in the box rather than leaving it blank. Any areas that are left blank may delay your application.

## About You

First Name:	Last Name:	
Position:	Email:	Mobile Number:

## About Your Business

Legal Name:	Trading Name:	
ABN and / or ACN:	Business Type – Entity: <small>Example: sole trader, partnership, company.</small>	Industry:

## Trading Address

Street Address:	Suburb:
State:	Post Code:

## Postal Address

Please write "as above" if it is the same as the trading address.

Street Address:	Suburb:
State:	Post Code:

## Primary Contact

Please provide preferred contact details if different to the person nominated under About You. This will be the main contact for your account.

First Name:	Last Name:	
Position:	Email:	Mobile Number:

## Payment Types

Please select the card types that are to be applicable to your facility:

☐ Bank Transfer ☐ PayTo ☐ Debit Card

## Fees and Settlement Details

Contract Term (Months): <small>If applicable.</small>
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## Settlement Account (must be a business bank account)

Account Name:	BSB Number:	Account Number:
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## Fee Account (if different to above)

Account Name:	BSB Number:	Account Number:
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## Direct Debit Request

☐ I/We authorise and request Next Payments Pty Ltd ABN 59 160 985 106 (User ID 470421) to debit or credit (as the case may be) the account/s nominated above with amounts payable by or to me/us pursuant to the Direct Debit Request Service Agreement set out in the Terms and Conditions.

# Payment Application Form

## Acknowledgements, Consent and Signatures

I acknowledge, that by signing below, I represent and declare to you that I am authorised by the company or organisation named under **About Your Business** to do so.

In signing below, I/we:

1. Understand that we, the Applicant, may be required to provide specific documentation in order to assist us in the assessment of this application and that the information in this application is true and correct and I authorise Next Payments Pty Ltd to verify the information.
2. Understand that Next Payments Pty Ltd may give credit reporting agencies certain personal information about the applicant to obtain a commercial credit report about the applicant which can include information about the applicant's credit worthiness and credit history for purposes connected with the applicant's business and this application form.
3. Acknowledge that we have read and agree to the Terms and Conditions ([www.nextpayments.com.au/documents/hybridgaming-terms](http://www.nextpayments.com.au/documents/hybridgaming-terms)), the Privacy Policy ([nextpayments.com.au/privacy](http://nextpayments.com.au/privacy)) and any other policies that have been shared with us in conjunction with this application form.
4. Understand and consent to the collection, use and disclosure of personal information in accordance with the Privacy Policy. Where I have provided information about another individual, I declare that the individual has been made aware of that fact and the contents of the Next Payments Privacy Policy.
5. Understand that for the purposes of the Terms and Conditions, the Corporations Act 2001 (Cth) and any other financial licensing requirements, we, the Applicant, are the issuer of any financial product(s) associated with the Services.
6. Acknowledge that all required applicants have signed this application form.

Please Tick:	
<input type="checkbox"/> Director	<input type="checkbox"/> Partner
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Authorised Representative
Print Name: <small>(First, Middle, Last name)</small>	
Date of Birth (DD/MM/YYYY):      /      /	
Residential Address:	
Please provide the details to ONE of the following accepted ID types:	
<b>Drivers License</b>	
Driver's License Number:	Card Number: State:
<b>OR Passport</b>	
Passport Number:	Expiration (DD/MM/YYYY) / /
<b>OR Medicare</b>	
Reference Number:	Card Colour:
Card Number:	Expiration (DD/MM/YYYY) / /
Signature:	
Signed Date (DD/MM/YYYY):      /      /	

Please Tick:	
<input type="checkbox"/> Director	<input type="checkbox"/> Partner
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Authorised Representative
Print Name: <small>(First, Middle, Last name)</small>	
Date of Birth (DD/MM/YYYY):      /      /	
Residential Address:	
Please provide the details to ONE of the following accepted ID types:	
<b>Drivers License</b>	
Driver's License Number:	Card Number: State:
<b>OR Passport</b>	
Passport Number:	Expiration (DD/MM/YYYY) / /
<b>OR Medicare</b>	
Reference Number:	Card Colour:
Card Number:	Expiration (DD/MM/YYYY) / /
Signature:	
Signed Date (DD/MM/YYYY):      /      /	

Please provide the following with your completed application form:

- ☐ A photocopy or image of the ID details provided above      ☐ A copy of your Bank Statement