

Authorised PostPoint Retailer Registration Form

Please complete **all sections** using **BLOCK CAPITALS ONLY**

Agent No. Group ID

Stamp Agent ID IP Address ISDN Installed: YES / NO

1. Personal Details

Applicants Name: Position (owner/director):

Date of Birth:

Home Address:

Home Telephone No: Mobile No:

2. Trading Details

Trading Name: Outlet Tel. No:

Address of Outlet:

VAT Registration No:

Opening Hours: Mon-Fri Sat Sun

Email Address of Outlet:

3. Business Details

Please tick one box, if partnership or company, please complete Section (a) & (b)

Sole Trader

Partnership

Company

(a) Company Name:

Head Office Address:

Head Office Tel No: Company email:

Reg. VAT No: Company Reg. No:

(b) List below the Names, Positions, Home Addresses and Telephone Numbers of Owners, Partners, Directors, Officers or Principal Shareholders.

First Name	Surname	Position	Address	Telephone

4. PostPoint Services

Please tick the relevant boxes to identify those services that you would wish to avail of using the PostPoint terminal.

Phone top up

Gift Cards

Tolling/Parking top up

BillPayments

Stamps/Bin tags

Business Deposit

Debit/Credit Card

EPOS supplier: No. of Tills:

5. Nature of Business

Please specify:
.....

6. Occupancy

Owner Tenant

If premises is leased, complete this section.

Lease Expiry Date: Day..... Month Year

Name of Landlord:

Address of Landlord:

Post Office on-site: Yes No

Declaration

I (Block Capitals) declare that the details furnished by me are true. I authorise you to make any enquiries you might deem necessary in connection with this application. I also confirm that I have read the terms and conditions furnished by PostPoint herewith, and by signing this declaration I agree to be bound by these Terms and Conditions.

Signed: Date:

(must be signed by a Director or owner of the business)

ALL INFORMATION RECEIVED WILL BE TREATED AS PRIVATE AND CONFIDENTIAL.

Guarantee

Date:

To Postpoint Services Ltd trading as PostPoint, 3A, GPO, O'Connell Street, Dublin 1.

In consideration of your entering into an agreement (the "Agreement") for the supply of top ups, bill payments and any other services whatsoever with the Retailer should the Retailer fail to pay any of the sums payable under the Agreement by the due date, I/We hereby (jointly and severally) guarantee the due payment of all sums payable under the Agreement, and shall pay to you immediately on demand any sums so payable. I/We further agree that this guarantee shall not be affected by any time or other indulgence which you may see fit to grant to the Retailer. Any demand made by you hereunder shall be validly made if served on me/us personally or sent to me/us personally or sent to me/us by prepaid post or left at my/our address stated below, or to or at my/our current business or private address or that last known to you, and if sent by post shall be conclusively deemed to have been received by me/us within 48 hours after time of posting. This guarantee shall in all aspects be interpreted in accordance with the laws of Ireland. I/We the Guarantor(s), hereby consent to the Bank to carry our searches in credit reference agencies for the purpose of assisting applications for credit and credit related services and for ongoing credit review. This guarantee shall not be determined or affected by the death of the Guarantor or of any one of more of the persons constituting the Guarantor.

Guarantor(s) Name:.....
(Block Capitals)

Witness Signature:
(Independent Witness)

Occupation:

Signature(s):

Guarantor(s) Address:.....

Witness Address:

.....

Occupation:

Name & Address of Bankers:

Signed for and on behalf of the Governor and Company

Guarantor(s):

of Postpoint Services Ltd t/a PostPoint by

Warning: As a guarantor you will have to pay any interest (if any) and all associated charges if the Retailer fails to pay. Before you sign this guarantee you should get independent legal advice.

For Official Use Only

CSSM's Name: Approved: Date:

Comments:

Date Direct Debit Mandate sent to Bank: PostPoint:..... Stamp Retailing:

Entered on Admin Sys by: Date entered:

Statement/Bank Reference provided: Yes No EFT EOD:

Credit check: Pass Fail Reason for fail:

N.B. Please provide printed proof of any two suppliers as mentioned above (e.g. Recent Statements dated within last 3 months)

INSTRUCTIONS TO YOUR BANK TO PAY DIRECT DEBITS

PLEASE COMPLETE PARTS 1 TO 4 TO MAKE PAYMENTS DIRECTLY FROM YOUR ACCOUNT, THEN RETURN THE FORM TO:

PostPoint
3A, GPO
O'Connell Street
Dublin 1

PostPoint Identification No: 30 24 03

ID Reference: []

1. The Manager,
..... Bank
.....
.....

2. Name of Account Holder:

3. Sort Code: [][][][][][]
Account No: [][][][][][][][][][]

4. Your instructions to the Bank and Signature.

I instruct you to pay Direct Debits at the request of PostPoint, for electronic transactions.

The amounts are variable and may be debited on various dates.

I understand that PostPoint may change the amounts and dates only after giving me prior notice.

I shall inform the bank in writing if I wish to cancel this instruction.

I understand that if any direct debit is paid which breaks the terms of the instruction, the bank will make a refund.

Signature:

Date:

Stamp Retailing Direct Debit

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Dublin 1

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Signature:

Date:



Postpoint Services Limited

Phone top ups

International Phonecards

BillPayments

Debit/Credit Card Services

Parking/Tolling top ups

Stamps/Bin Tags

Gift Cards

