

Partnership Contract Questionnaire



AIBMS - Welcome to our Partnership Program

Partnership Contract Questionnaire

Thank you for your interest in the AIBMS Partnership Program. In order to better understand your needs and create a mutually beneficial alliance going forward, we need to ask you a number of questions regarding your business:

To be completed by the Authorised Signatory of Applicant Partner

Applicant Company Information (Registered Details only)

Company Name:

Contact Name:

Contact Title Position:

Registered Address

Address Line 1:

Address Line 2:

City:

Postcode:

Country:

Business Address

Address Line 1

Address Line 2

City

Postcode

Country

Phone N°.

Fax N°.

E-mail Address

Company URL:

Company Registration. N°:

Description of business:

List of territories:

In order for AIBMS to consider your interest to become a partner please provide us with the following information. This information will be used to determine our product, service and commercial.

1. Product Offerings

(a) Please describe your core business.

(b) What products or services does your company provide and what gateway or terminal provider relationships do you have?

2. Market Coverage

(a) Please describe your core target market and geographical coverage.

(b) Please quantify your customer base and estimate for future customer base (please include MCCS if applicable).

(c) Please quantify number of new merchants per month and average annual turnover per merchant.

of Merchants:

Average Turnover PA:

3. Sales Force

Please describe your sales force and promotion activity. If you intent to use contract staff or agents please detail this.

4. Financial Business Plan

Please describe your Financial Sales plan to include annual growth over three years.

5. Other

Please list anything else we need to be aware of regarding your business position that may promote (or limit) your opportunity with us.

6. Director Details 1

First Name:

Last Name:

Date of Birth:

Private Address

Address Line 1:

Address Line 2:

City:

Postcode:

Country:

Time at address:

7. Director Details 2

First Name:

Last Name:

Date of Birth:

Private Address

Address Line 1:

Address Line 2:

City:

Postcode:

Country:

Time at address:

8. Corporate Resolution

I confirm that the information herein is current and correct.

Name:

Signature:

Title:

