



**Merchant Information Form**

Please fill in the following in BLOCK letters

**Merchant Information**

Registered Company Name \_\_\_\_\_

Doing Business As \_\_\_\_\_ (if different from the above Registered Company Name)

Company or Business Registration No. \_\_\_\_\_

Certificate of Incorporation No. \_\_\_\_\_ (Applicable to Limited Company only)

Registered Company Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postal Code \_\_\_\_\_

Business Address (if different from the above Registered Company Address) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Shopping Mall Name (if applicable) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postal Code \_\_\_\_\_

Correspondence to (Please choose one)  Registered Company Address  
 Business Address

Corporate Structure  Private Limited Company  Partnership  
 Sole Proprietorship

Nature of Business \_\_\_\_\_ Company Phone No. \_\_\_\_\_

Months in Business \_\_\_\_\_ Company Fax No. \_\_\_\_\_

Company E-mail Address \_\_\_\_\_ Company Website Address (if any) \_\_\_\_\_

**Primary Contact Person Information**

Name in English \_\_\_\_\_

Title  Mr  Miss  Mrs  Ms Daytime Contact Phone No. \_\_\_\_\_

Position \_\_\_\_\_ Mobile Phone No. \_\_\_\_\_

Sole Proprietor  Partner  Director  Shareholder

Percentage of Ownership \_\_\_\_\_ % Title  Mr  Miss  Mrs  Ms

Surname / Family Name \_\_\_\_\_ Given Name \_\_\_\_\_

NRIC No. \_\_\_\_\_ Nationality \_\_\_\_\_

Date of Birth (dd/mm/yy) \_\_\_\_\_

Residential Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Length of Residence \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Year(s) \_\_\_\_\_ Month(s) \_\_\_\_\_ Mobile Phone No. \_\_\_\_\_

Residential Type  Rental  Self-owned

Mortgage \_\_\_\_\_ Emergency Contact Phone No. \_\_\_\_\_

Others \_\_\_\_\_

Email Address \_\_\_\_\_

If more than 1 Partner, Director or Shareholder in your company, please provide other Partners', Directors' or Shareholders' information by attaching separate sheet.

Purpose	Amount

**Business Property Information**

Property Type  Office Unit  Industrial Estate  Shopping Mall  
 Shophouse  Others \_\_\_\_\_

Own / Rent  Owned  Rental  Others \_\_\_\_\_

Monthly Rent / Mortgage S\$ \_\_\_\_\_

Lease Start Date (dd/mm/yy) \_\_\_\_\_ Lease End Date (dd/mm/yy) \_\_\_\_\_

/ / / /

Name of landlord \_\_\_\_\_

Landlord's Contact Phone No. \_\_\_\_\_

**Business Information**

Credit Card Acceptance  Visa  Mastercard  Amex  Diners  
 JCB  NETS  Others \_\_\_\_\_

Average Total Monthly Sales (past 6 months) S\$ \_\_\_\_\_

Average Monthly Credit Card Sales (past 6 months) S\$ \_\_\_\_\_

Merchant Discount Rate \_\_\_\_\_ %

Installation Fee S\$ \_\_\_\_\_ Annual Fee S\$ \_\_\_\_\_

**Terminal Information**

Use of Terminal	Qty	Merchant ID	Terminal Provider
Visa / Mastercard			
NETS			
Amex			
Others			

Primary Bank \_\_\_\_\_

Primary Bank Account No. \_\_\_\_\_

**Declaration & Authorization**

I hereby declare and confirm that all the information given above and document copies provided are true and correct. I understand that the information provided will be used for my/our Merchant Cash Advance application. I agree that this Merchant Information Form and any documents submitted will not be returned. I also agree that ORIX Leasing Singapore Limited may obtain additional information from other sources.

Signature of Sole Proprietor / Partner / Director / Shareholder with company stamp

**X** \_\_\_\_\_ Date: \_\_\_\_\_

For Company Use Only	RM Code	Source
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