



## Application form Merchant Data Online

Yes, I would like to request access to Merchant Data Online, so I always have insight into my processed and paid MasterCard, Visa and Maestro transactions.

### Your contact details\*

Customer name: \_\_\_\_\_

Customer number: \_\_\_\_\_ Reference: M

Address: \_\_\_\_\_

Postal code: \_\_\_\_\_ Town: \_\_\_\_\_

E-mail addresss main user Merchant Data Online:

\_\_\_\_\_

Name autorised signatory:

\_\_\_\_\_

Signature:

Town/Date:

\_\_\_\_\_

\* Please complete any blank fields and/or amend incorrect information. The address contains the administration address as it is known to us.

### Please fax the application form as soon as possible to:

PaySquare BV, attn. Merchant Services, fax +31 (0)30 283 73 10

### Or send this form in an envelope to:

PaySquare BV, Merchant Services/MDO, P.O. Box 30600, 3503 AJ Utrecht, The Netherlands