

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:				
City:				
Postcode:				
Country:				



Business / Trading Address
Address:
City:
Postcode:
Country:
Phone Number:
Fax Number:
Email Address:
Company URL:
Company Registration Number:



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 offering, should we enter into a partnership agreement.

1. Product Offerings				
(a) Please describe your core business, with specific reference to the products and services your company provides.				
(b) Please describe your merchant acquiring experience to date.				
(a) Could Duracent / Could Net Duracent / a Course avec manufact by week down				
(c) Card Present / Card Not Present / eCommerce merchant breakdown.				
(d) Please list gateway/PSP vendor relationship(s).				
(a) Flease list gateway/Fish vertaon relationship(s).				
(e) Please list terminal vendor relationship(s).				



(f) Please list your key diffe	erentiators/USP's.		
(a) \\(\frac{1}{2}\)		ata ta AIDNACO	
(g) Will you provide first iir	ne support, or will you direct your merchar	nts to Aibivis?	
(h) Do you have ISO relati	ionships with other acquirers – if so, how r	many?	
2. Market Coverage			
(a) Please describe your co	ore target market/key merchant sectors an	nd geographical cover	rage.
(b) Please quantify the null Turnover per merchant	mber of newly boarded merchants with Altand the Average Transaction Value	IB Merchant Services	per month, the average Annual Card
Number of Merchants		Average Turnover	
per month: Average Transaction		per annum:	
Value:			
(c) Please describe your R	oute to Market/Sales Strategy.		



3. Sales Force

Please describe your sales force and promotion activity – field sales and/or telesales. How many? Are they contract staff or self employed agents? Please detail this below.					
Please confirm sales personnel's merchant acquiring experience to date.					
4. Financial Business Plan					
Please describe your Financial Sales plan to include annual growth over three years.					
5.00					
5. Other					
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.					
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Directors Details 1
rst Name:
ast Name:
ate of Birth:
rivate Address
ddress:
ty:
ostcode:
ountry:
me at address:



7. Directors Details 2 First Name: Last Name: Date of Birth: **Private Address** Address: City: Postcode: Country: Time at address:

8. Corporate Resolution

I confirm that the information herein is current and correct.:

Name:	Date		
Signature:	Day	Month /	Year
Title:			

Once you have completed your questionnaire, please <u>attach and send it here</u>.



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