

NetPost Pay Merchant Sign-on Form

Company Information			
Company Name:	Company Registration Number:		
Company Address:	1		
r contract			
Country of Incorporation:			
Country of fileor poration.			
City:	State:	Zip Code:	
Company VAT Pogistration Num	hhar/Tay ID:		
Company VAT Registration Number/Tax ID:			
Company Website Address:			
Company Email Address:			
Type Of Business:			
Business Type: □ <i>Corporation</i>	$\Box Non-Profit$ $\Box LLC$ $\Box Solonomial Solono$	e Proprietorship □LLP	
Market Type: □ Card Not Present/eCommerce □ Card Present/Mail Order/Telephone Order			
Brief Description Of Products/Service:			
Bank Account Details:			
Bank Name:			
Bank Address:			
Account Name:			
Account Number:			
Branch Sort Code:			
Contact Information			
Contact Information			

Name Of Primary Contact:	Name Of Secondary Contact:
Designation:	Designation:
Office Telephone/Extension:	Office Telephone/Extension:
Mobile Phone Number:	Mobile Phone Number
Email Address:	Email Address:
Declaration:	
I, on behalf ofabove is valid and accurate and NetPost Nigeria Limi appropriate person(s) and/or office(s) as NetPost Nigeria	ted is authorized to verify such information by reference to
Signature	
Designation	
Date	
NOTE:	
	ate your Account, please visit the below URL and follow the steps:
https://www.netpostpay.com/signup/merchantExist	