

## Query Card Acceptance Acquiring for Distance Selling (eCommerce and MoTo)

**Please return to Fax: +49 (0) 6102 – 719 30 559  
or mail to: info@amys-it.com**

### 1. COMPANY DETAILS:

Company name / Legal form:	
Owner / CEO (Title / Surname / Name):	
Street:	Post Code:
City.:	Country Code:
Phone Nr.:	Fax Nr.:
E-Mail-Adress.:	Website/ Domain:

### 2. DETAILS REGARDING GOODS/SERVICES AND SALES REVENUES:

Branch:	Products and Service Information:
<p>The way of selling ?</p> <p>eCommerce: <input type="checkbox"/> Website MoTo: <input type="checkbox"/> eMail <input type="checkbox"/> Telefax or postal <input type="checkbox"/> Telephone</p> <p>The number of orders received proportionally distributed to different ways of ordering? (if you can not specify exact distribution, please notify us with estimates)</p> <p><input type="checkbox"/> Website: _____ % <input type="checkbox"/> eMail: _____ % <input type="checkbox"/> Fax or postal: _____ % <input type="checkbox"/> Telephone: _____ %</p>	
How long does it take, periods between ordering and delivering? Number of days _____	

### 3. ACQUIRING CARD ACCEPTANCE:

<p>Which cards would you like to accept? <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> JCB <input type="checkbox"/> Diners <input type="checkbox"/> Discover</p> <p><input type="checkbox"/> PayPal <input type="checkbox"/> V-Pay <input type="checkbox"/> Maestro <input type="checkbox"/> giropay</p>
---



<p>Do you already accept credit cards? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If yes:          - Which cards do you accept?          - Since when?          The way you accept credit cards to day?  <input type="checkbox"/> Point of sale <input type="checkbox"/> eCommerce / Moto</p>	<p>- Who is your actual acquirer?          - Your credit card turn over (in € or \$) last year?          - Number of chargebacks and volumes?          Name of Payment-Service-Providers (PSP):          Payment-Gateway / Terminaltype:</p>																																
<p>Average transaction amount in Euro € or USD \$:          Planned card sales in € or \$:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 12.5%;">MasterCard</th> <th style="width: 12.5%;">VISA</th> <th style="width: 12.5%;">AMEX</th> <th style="width: 12.5%;">Maestro</th> <th style="width: 12.5%;">Giropay</th> <th style="width: 12.5%;">PayPal</th> <th style="width: 12.5%;">others</th> </tr> </thead> <tbody> <tr> <td>2014</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2015</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2016</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			MasterCard	VISA	AMEX	Maestro	Giropay	PayPal	others	2014								2015								2016							
	MasterCard	VISA	AMEX	Maestro	Giropay	PayPal	others																										
2014																																	
2015																																	
2016																																	
<p>Required settlement transaction currencies: <input type="checkbox"/> Euro <input type="checkbox"/> Britische Pound <input type="checkbox"/> US-Dollar <input type="checkbox"/> CHF <input type="checkbox"/> others :</p>																																	
<p>Required payout transaction currencies: <input type="checkbox"/> Euro <input type="checkbox"/> Britische Pound <input type="checkbox"/> US-Dollar <input type="checkbox"/> CHF <input type="checkbox"/> others :</p>																																	
<p>Which card details are requested during checkout from the cardholder?</p> <p><input type="checkbox"/> Card number <input type="checkbox"/> Card Holder Name <input type="checkbox"/> Card Expire Date <input type="checkbox"/> CVC Code  <input type="checkbox"/> others:</p>																																	
<p>The way of transferring the card details?</p> <p><input type="checkbox"/> Website (=Payment-Gateway) <input type="checkbox"/> via eMail <input type="checkbox"/> written (per Fax/Post) <input type="checkbox"/> via phone</p>																																	

I hereby declare that all above information is complete and correct.

Place, Date \_\_\_\_\_

Signature \_\_\_\_\_

