Request for a Virtual POS (point of sale) Terminal

MERCHANT INFO *(to be filled out by the Merchant)*	
COMPANY NAME:	
COMPANY NAME IN LATIN SCRIPT:	
COMPANY ID / BULSTAT:	
CLIENT No:	
IBAN:	
MERCHANT'S ADDRESS:	
TELEPHONE NUMBER:	
E-MAIL:	
SCOPE OF ACTIVITY ON THE COMPANY'S WEBSITE /MCC:	

DATA ABOUT THE MERCHANT'S WEBPAGE: *(to be filled out by the Merchant)*	
URL:	
IP address:	

MERCHANT'S E-SHOP CONTACT DATA: *(to be filled out by the Merchant)*	
NAME: (of the contact person)	
POSITION: (of the contact person)	
TELEPHONE NUMBER / MOBILE PHONE NUMBER: (of the contact person)	
E-MAIL: (of the contact person)	

DATA ABOUT THE POS TERMINAL'S OPERATON MODE: *(to be filled out by the Merchant)*	
PAYMENT CURRENCY: *(Please, indicate those goods, which have prices, as the mandatory currency is BGN.)*	☒ BGN ☐ EUR ☐ USD ☐ GBP
PURCHASE TRANSACTION MODE: *(Please, tick only one relevant option.)*	☐ PURCHASE ☐ AUTHORIZE + FINALIZE

DETAILED DESCRIPTION OF THE MERCHANT'S BUSINESS *(to be filled out by the Merchant)*	
REGISTRATION OF THE MERCHANT WEBSITE'S DOMAIN *(Link to the register's webpage or enclosed record printout):*	
ORIGIN OF THE SOLD GOODS AND SERVICES:	
ENTITLEMENT TO SELL LICENSED GOODS OR PERMITS FOR SUCH WITH LEGAL RESTRICTIONS:	☐ YES ☐ NO
PLACE OF RENDERING THE SERVICES, SOLD ONLINE:	
MANNER AND DEADLINE FOR DELIVERY OF THE SOLD GOODS / SERVICES TO THE CLIENT, FOLLOWING THEIR PAYMENT:	
ISSUED DOCUMENTS TO THE CLIENT UPON DELIVERY OF THE PURCHASED GOODS / SERVICES:	
WARRANTY OF THE SOLD GOODS / SERVICES AND POST-WARRANTY SERVICING, IF ANY:	
POLICY (STANDARDS) FOR WITHDRAWAL FROM A PAID GOOD /SERVICE PRIOR TO ITS DELIVERY (for ex. regarding merchants, offering booking of accommodation / renting of vehicles – policy upon the client's no-show, policy for refusal of an already made reservation etc.):	
POLICY (STANDARDS) FOR POST-DELIVERY CLIENT CLAIMS:	
OTHER PECULIARITIES OF THE BUSINESS THE MERCHANT IS WILLING TO MENTION (for example: practice or intention to restrict buyers per countries, IP addresses or another feature and reason for that):	

DATE: **APPLICANT /MANAGER:**   **SIGNATURE:**

INFO ABOUT UBB: *(to be filled out by the Bank)*	
BRANCH/ DAO CODE :	
THIS FORM HAS BEEN ACCEPTED BY: (Full name and signature of the bank employee)	
IP:	

ON-SITE VISIT AT THE MERCHANT'S LOCATION (at its head office address as per the commercial registration): *(to be filled out by the Bank)*	
VISIT DATE:	
THE MERCHANT'S LOCATION HAS BEEN VISITED BY: (Full name and signature of the bank employee)	

IMPRESSIONS ON THE AUTHENTICITY OF THE COMPANY'S ONLINE BUSINESS: *(to be filled out by the Bank)*	
I BELIEVE THE BUSINESS THE MERCHANT APPLIES WITH IS REAL:	☐ YES ☐ NO
COMMENTS: (Mandatory if the answer is „No")	