



New Merchant Application



Please Email Completed forms to registrations@nexion.co.za

Type of Customer	
<input type="checkbox"/> Sole Trader <input type="checkbox"/> Close Corporation <input type="checkbox"/> Pty Ltd or Inc <input type="checkbox"/> Partnership	
New Customer Name	
Trading as Name	
Specialty / Description of Services offered	Patient Management / Billing System used
Registration Number (if applicable)	VAT Registration Number (if applicable)

Physical / Operating Address

Address 1	
Address 2	
Business Phone	Website (if applicable)

Contact Details (Representative to call for queries)

Name of Contact Person	
Contact Email Address	Contact Phone

Bank Account for Transaction Proceeds

Account Name	
Bank	
Account Number	Routing Number

Authorized Signature: _____

Signed at: _____ Date: _____

Please provide a Bank Letter for the above account

Nexion Products Required	
ECOMMERCE	Integrated Online payments Powered by Nexion <input type="checkbox"/>
POS+	Full suite Nexion including Card Terminal for card present / In room transactions, Reconciliation and Reporting Tools <input type="checkbox"/>



Related Parties Information



Details for Sole Trader / All Partners / All Members or All Directors of applying entity.

(Please add additional pages if needed)

New Customer Name

Individual 1 Details

Full Names	
Residential Address	
ID Number	
Email Address	Cell Phone

Signature Individual 1: _____

Individual 2 Details

Full Names	
Residential Address	
ID Number	
Email Address	Cell Phone

Signature Individual 2: _____

Individual 3 Details

Full Names	
Residential Address	
ID Number	
Email Address	Cell Phone

Signature Individual 3: _____

Individual 4 Details

Full Names	
Residential Address	
ID Number	
Email Address	Cell Phone

Signature Individual 4: _____