



## MAXCONNECT APPLICATION FORM

### 1. Company Profile

Company name

Owner name

Address

### 2. Contact Person

Name  Mr  Mrs

First

Last

TEL

FAX

Email

Website URL

### 3. Company Information.

eCommerce  Adult  Gaming  Pharmacy  Other or Other High Risk

NOTE \*If you check the "Other or Other High Risk" please describe your business.

Estimated monthly volume (Credit card) US\$ :

US\$

Average per transaction US\$:

US\$

What is your average chargeback ratio for the last 6 months ?

%

Who is your current Gateway ? No  Yes  Name:

Who is your current Acquirer ? No  Yes  Name:

**This document can be submitted in the following way:**

1) Mail to sales@max-c-e.com 2) Fax to +65 6829 2341 (Singapore Office)