



# Mobile Credit Payment Pte Ltd

12 New Industrial Road, #04-02 Morningstar Centre,  
Singapore 536202  
Tel: 62990030, Fax: 62965371  
www.mcpayment.com

## “MCP Service Enquiry/Registration Form”

1. Merchant Information	
Company Name	
Company Registration No.	
GST No ( Y / N )	
Company Address	
Email	
Contact Detail	Tel: _____ Fax: _____
Estimated Sales Amount/Mth	<input type="checkbox"/> < S\$2000 <input type="checkbox"/> < S\$ 5000 <input type="checkbox"/> < S\$ 20 K
Company Rep. Name	NRIC / Passport
Business Type	<input type="checkbox"/> Private Entity <input type="checkbox"/> Partnership <input type="checkbox"/> Sole-Proprietor
Nature of Business	
2. Account Details	
Account Payee Name	
Bank Name and Branch	
Account No	
Mobile No	
3. Subscription Details	
Card Type	<input type="checkbox"/> Master <input type="checkbox"/> Visa <input type="checkbox"/> Diner <input type="checkbox"/> American Express
Period (Lease Duration)	<input type="checkbox"/> Long Term <input type="checkbox"/> Short Term( <input type="checkbox"/> One month , <input type="checkbox"/> 10 Days )
<b>For Short term only</b>	<b>From</b> ...../...../..... <b>To</b> ...../...../..... ( dd/mm/yyyy)
Online Payment	<input type="checkbox"/> Virtual Terminal(MCSwipe) <input type="checkbox"/> Internet /website/eCommerce
Terminal required	Additional Mobile terminal / sets require <input type="checkbox"/> Numbers.

1. This application is subjected to approval by Mobile Credit Payment Pte Ltd (MCP).
2. Terms and conditions apply. Send completed form to **Fax: 6296537** or **email:support@mcpayment.com**
3. We will response with our price plan and quotation upon receipt of this application form.

\_\_\_\_\_  
Applicant / User Name:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company Stamp

For Authorise Dealer / Sales Personnel / Remarks: