



Merchant  
Services

# Partnership Contract Questionnaire



# AIBMS - Welcome to our Partnership Program

## Partnership Contract Questionnaire

Thank you for your interest in the AIBMS Partnership Program. In order to better understand your needs and create a mutually beneficial alliance going forward, we need to ask you a number of questions regarding your business:

**To be completed by the Authorised Signatory of Applicant Partner**

### Applicant Company Information (Registered Details only)

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Company Name:

Contact Name: Contact

Title Position:

### Registered Address

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Address:

City:

Postcode:

Country:



## Business / Trading Address

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Address:

City:

Postcode:

Country:

Phone Number:

Fax Number:

Email Address:

Company URL:

Company Registration Number:

In order for AIBMS to consider your interest to become a partner please provide us with the following information. This information will be used to determine our product, service and commercial offering, should we enter into a partnership agreement.

## 1. Product Offerings

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(a) Please describe your core business, with specific reference to the products and services your company provides.

(b) Please describe your merchant acquiring experience to date.

(c) Card Present / Card Not Present / eCommerce merchant breakdown.

(d) Please list gateway/PSP vendor relationship(s).

(e) Please list terminal vendor relationship(s).



(f) Please list your key differentiators/USP's.

(g) Will you provide first line support, or will you direct your merchants to AIBMS?

(h) Do you have ISO relationships with other acquirers – if so, how many?

## 2. Market Coverage

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(a) Please describe your core target market/key merchant sectors and geographical coverage.

(b) Please quantify the number of newly boarded merchants with AIB Merchant Services per month, the average Annual Card Turnover per merchant and the Average Transaction Value

Number of Merchants  
per month:

Average Turnover  
per annum:

Average Transaction  
Value:

(c) Please describe your Route to Market/Sales Strategy.



### 3. Sales Force

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Please describe your sales force and promotion activity – field sales and/or telesales. How many? Are they contract staff or self employed agents? Please detail this below.

Please confirm sales personnel's merchant acquiring experience to date.

### 4. Financial Business Plan

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Please describe your Financial Sales plan to include annual growth over three years.

### 5. Other

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Please list anything else we need to be aware of regarding your business position that may promote (or limit) your opportunity with us.



## 6. Directors Details 1

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First Name:

Last Name:

Date of Birth:

### Private Address

Address:

City:

Postcode:

Country:

Time at address:



## 7. Directors Details 2

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First Name:

Last Name:

Date of Birth:

### Private Address

Address:

City:

Postcode:

Country:

Time at address:



## 8. Corporate Resolution

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I confirm that the information herein is current and correct.:

Name:

Signature:

Title:

Date

Day			/	Month			/	Year				
	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



**Merchant  
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Call: **+353 (0)1 218 2100**  
or visit **[www.aibms.com](http://www.aibms.com)**