



LOTUS
BANK

POS MERCHANT APPLICATION FORM

MERCHANT INFORMATION

Note: All fields are mandatory and should be completed by the merchant. Completed forms should be scanned and sent to ebusiness@lotusbank.com for processing.

Personal Information

Merchant Name _____
First Name *Middle Name* *Last Name*

Merchant Address _____

State: _____ Local Government Area: _____ Number of POS Terminals Required:

Merchant Business Type:

Please select as relevant

Wholesale Fuel Stations Telecoms Restaurants Stores & Supermarket

Fast Food Logistics (Courier Company) Hospitals Hotel & Guest House

Mosque, Church & NGO Airline (Operators) Airline (Travel agency)

Others (Specify) _____

Details of Contact at Merchant Location

Primary Contact Name _____
First Name *Middle Name* *Last Name*

Designation: _____ Phone No.: _____ Phone No.: _____
Official *Mobile*

Secondary Contact Name _____
First Name *Middle Name* *Last Name*

Designation: _____ Phone No.: _____ Phone No.: _____
Official *Mobile*

