

BUSINESS INFORMATION

Full Legal Name (Including Trustee if applicable):

ABN:

Trading Name:

Payrix Client ID:

TRANSACTION INFORMATION

New Limit Request: \$ **values entered must be in \$1,000 increments*Are these limits for recurring or real time payments? Recurring (bank* & credit card) Real Time (credit cards)Average single payment amount: \$ Number of transactions per month:

A limit request is not an automatic approval and will be assessed by our Risk team. Please note that you may be contacted by a member of the risk team to discuss your business requirements.

APPLICANT ACCEPTANCE

Date:

Date:

X

Signature of Director 1

X

Signature of Director 2

Full Name:

Full Name:

I hereby agree to and acknowledge the above change in terms and changes to the application I submitted and understand that these changes are subject to final approval by Payrix.

LODGEMENT PROCESS & SUPPORTING DOCUMENTS REQUIRED

If you are requesting a limit increase of below \$10,000.00, please provide:

- 1 itemised invoice relevant to this increase request.

If you are requesting a limit increase of \$10,000.00 or above, please provide:

- 3 itemised invoices relevant to this increase request;
- Most recent Bank Statement/s with at least 3 months of transactions, and
- 2 BAS Statements.

Forward the completed Application Form and other requested documentation to Payrix Australia Pty Ltd via email to admin@payrix.com.au