

Business Accounts Information Form

Complete this form with your business contact details to become an OrbitProtect Medical Provider.

To enable your EFTPOS terminals to accept OrbitPay cards, please provide the below information about your business, contact persons, and payment details. Please let us know if any of the details in this form change.

Once completed, email a photo of your EFTPOS receipt along with your form to service@orbitprotect.com. The photo is necessary so we can verify your terminal ID/s.

1. ABOUT YOUR BUSINESS

Legal Name

Trading Name

Physical Address

Phone Number

GST Number

Bank Account Number

2. POINT OF CONTACT

Name

Phone Number

Email Address

3. ACCOUNTS RECEIVABLE CONTACT

Name

Phone Number

Email Address

4. AUTHORISED REPRESENTATIVE CONTACT*

**An authorised person is someone formally approved to act on behalf of a business or organisation.*

Name

Phone Number

Email Address

Please note, we'll send emails about services that might be of interest to you to the email addresses you provided, and you can unsubscribe from these marketing emails at any time.

When we collect personal information, you can learn how we collect, use and store your information, and find out who to contact if you have any questions by viewing our Privacy Policy at orbitprotect.com/privacy-policy/.