|  |  |
| --- | --- |
| 2IP Till Configuration FormMerchant details must be typed into the document and returned to Integral by email to terminalsupport@sagepay.ie | Intranet |

By returning this completed form to us and activating Sagepay you will be entering into a contractual agreement with Sagepay. Their merchant terms and conditions are at https://www.sagepay.co.uk/policies/merchant-terms-conditions.

Sagepay will be classed as a Processor of your data (as defined under the General Data Protection Regulation).

|  |  |
| --- | --- |
| PED Type  | Verifone Vx820 (Supplied by Vendor) |
| Number of Tills | \* |

# EPOS Vendor Details

|  |  |
| --- | --- |
| Name of EPOS Vendor  | Spektrix Ltd |
| Main Technical Contact | Spektrix Support Team |
| Email Address | support@spektrix.com |
| Office Phone | 02071833586 |
| Mobile Phone |  |

# Details To be Printed on Receipt *Please do not use commas in Receipt Details*

|  |  |
| --- | --- |
| Merchant Name | \* |
| Merchant Address Line 1 | \* |
| Merchant Address Line 2 | \* |
| Merchant Address Line 3 | \* |

# General Details

|  |  |
| --- | --- |
| Trading Name | \*  |
| Merchant Address | \* |
| Merchant’s Support Contact Name | \* |
| Support Contact’s Phone Number | \* |
| Support Contact’s Email address | \* |
|  |  |
| **PO Reference for Invoice:** | BEP spektrix tkt sales |
|  |  |
| *Billing Address (if different to above)* | This account is part of the Spektrix Ltd |
| *Billing Contact Name* | aggregator account |
| *Billing Phone Number* |  |
| *Email address* |  |

# Merchant Number

|  |  |
| --- | --- |
| Name of Acquirer (e.g. AIB, Ulster Bank, Elavon) | \* |
| Merchant Number | \* |
| Fuel Merchant Number (only where fuel cards are to be accepted) | N/A |
| Amex Merchant Number | (leave empty if not required) |
| Diners Merchant Number | (leave empty if not required) |
| Company Number (if applicable) | \* |
| Country | UK |
| Currency | GBP |

# Additional Functionality

|  |  |
| --- | --- |
| Cash Back | N |
| Email Reports  | N |
| Email Address reports are to be sent to: | \* |

# BUSINESS BANK ACCOUNT NUMBER & SORT CODE:

\* Please add your business bank account and sort code of the account attached to the MID