



Merchant Enablement Form For Payment Gateway

AXIS Bank Credit Card Gateway Merchant Enablement form

Completed forms can be : _____ Enablement Request Date

1. Emailed to ibanking@axisbank.com

2. Fax No. : 91-022-25274403 Enablement Requested by : _____

3. 15-Corporate Park, Sion - Trombay Road, Chembur, Mumbai-71 Signature : _____

Comments : _____

Contract Details

Type of Business : Merchant Customer corporate Business Partner Software Trial Govt./Govt. subsidiary
 Other Please Specify _____

Date of Contract :
MM DD YY

Comments : _____

Merchant Details – Head office

Company Name : _____

Contact Name : _____

Telephone : _____ (Business Hours) _____ (After Hours)

Fax : _____ Email Address : _____

Postal Address : _____

Country : _____ Time Zone : _____

Merchant Details – Operation

Company Name : _____

Contact Name : _____

Telephone : _____ (Business Hours) _____ (After Hours)

Fax : _____ Email Address : _____

Postal Address : _____

Merchant Details – Technical

Contact Name: _____ Position : _____

Telephone : _____ (Business Hours) _____ (After Hours)

Fax : _____ Email Address : _____

Postal Address : _____

Expected Test start date Target Live Date

Initial Txns per Months : _____ Expected Txns per Month : _____

Payment Website Address _____

Return URL : _____

Merchant Setup Details

Transaction currency : Indian Rupees

Transaction Mode (Tick one only) : Authorisation / Capture Purchase

Merchant Category Code : _____
(To be provided by AXIS Bank)

AXIS Bank's E-Commerce Merchant ID: _____
(To be provided by AXIS Bank)

Card Details

Card to be Processed (tick all that apply) : MasterCard Visa

3rd Party Technology Provider / Partner Details (if applicable)

Company Name : _____

Contact Name : _____ Position : _____

Telephone : _____
(Business Hours) (After Hours)

Fax : _____ Email Address : _____

Postal Address : _____

Alternate Contact Details

Contact Name : _____ Position : _____

Telephone : _____
(Business Hours) (After Hours)

Fax : _____ Email Address : _____

Postal Address : _____

Payment Client / Website Hosting Details

Hosting (tick one only, and

Provide details where necessary) : Merchant Hosted Third Party Hosted

Hosting Company Name _____ Telephone _____

Operating System (Tick one only) Windows, Version Type _____ Unix, Version Type _____

Linux, Version Type _____ Other (specify) _____

Payment Application Details

Payment application : (Click one only and provide details where necessary) Customer Developed _____
 3rd party Application i.e Shop and Buy _____
 Other Please specify _____

Interface Language : ASP ASPX Java Sockets Java PERL Other _____

Transaction types : SSL + MOTO

Display Card Number : 0.4 Format 6.3 Format Full Card No. Do not display

Enable Card Security Code (CVC2/CW2) Yes No

User ID required for Web access : _____

Enablement for Verified by Visa Yes No Enablement for MasterCard Secure Code Yes No

Processing Details - Bank's Use Only

Form Received Date _____ Form Received from _____

Form Received via Email, from _____ Fax (No) _____

Form Processed Date _____ Form Processed by _____

Merchant AXIS Bank Payment A/c No - _____