

13b Alh Jimoh Street, Off Adeniyi Jones Avenue
P O Box 15257 Ikeja Lagos Nigeria.

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Tel: 01-7612069, 0802 223 1595, 0703 013 7708

VENDOR APPLICATION

Surname:.....

Firstname: Other names:

Business Name:

Reg No:

Address:

Website (if available): Email Address:.....

Tel No:

Date of Birth: Sex: Marital Status:

Existing Bankers: Branch:

Area(s) where etopup business is being carried on:

.....

Signature:..... Date:

(please attach 2 passport-sized photograph, photocopy of Drivers License or Int'nal passport and a photocopy of Utility Bill such as NEPA bill).

For Office Use:

Customer ID: Terminal ID No:.....

Acted by:..... Date: Approval:Date:.....

Allocated ATC Account Officer:.....