## **Online Payment Activation Form**

Shore GmbH, Ridlerstrasse 31, 80339 Munich, Germany, phone +44 203 514 7812, email service@shore.com



#### Dear customer,

It's great to see that you want to start collecting online payments! To activate the feature, we only need a few more details from you. Please scan and send us the following documents to **service@shore.com**.



### Is your business a registered company?

- » The form "Online Payment Activation for Registered Companies" on page 2
- » The ID card (front and back) or passport of one business owner
- » An official address document (if not stated on your ID)
- » Certificate of incorporation or VAT certificate



#### Are you a sole proprietor or freelancer?

- » The form "Online Payment Activation for Sole Proprietors/Freelancers" on page 3
- » Your ID card (front and back) or passport
- » An official address document (if not stated on your ID)

#### Requirements for scanned documents

### ID card or passport

Your ID card scan will be used to verify your account. Please make sure the scan fulfills the following requirements:

- » Colour scan
- » JPG or PNG file
- » Legible
- » Must not have been edited

### Further documents

Please send us all other required documents as PDF files.

# **Online Payment Activation for Registered Companies**

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Information	 

Company name	Tax ID	Company registration number
Street and number	Postal code, city	Country
Website (if applicable)	Phone	
Information about the business or Indicate all natural persons who dir official place of residence.		ave a controlling interest in the company. Please enter the
Business owner 1		
First name	Last name	Date of birth
Street and number	Postal code, city	Country
Phone	Email	
Business owner 2		
First name	Last name	Date of birth
Street and number	Postal code, city	Country
Phone	Email	
Business owner 3		
First name	Last name	Date of birth
Street and number	Postal code, city	Country
Phone	Email	
Bank account Please enter your bank details to tra	ansfer customer payments to your account.	
Name of the bank	Account holder	
Account number/IBAN	Sort code	Country

Signature

Location, date

# Online Payment Activation for Sole Proprietors/Freelancers

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Please complete all fields and enter your official i	place of residence.
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First name	Last name	Date of birth
Street and number	Postal code, city	Country
Tax ID	Phone	Email
Website (if applicable)		

## Bank account

Please enter your bank details to transfer customer payments to your account.

Name of the bank	Account holder		
Account number/IBAN	Sort code	Country	
Signature			
Location, date	Signature		