



Partner Agree Cum Application Form

Firm Name: _____

Business Type Proprietor, Company, Other

Name & designation of Authorized _____

Registered Add. _____

Contact Detail:-

Email: Mob. No.....

Website: www. _____ Alt Mo.....

Services Required:

- | | |
|---------|----------|
| 1. | 2. |
| 2. | 4. |
| 5. | 6. |
| 7. | 8. |
| 9. | 10. |

Type of Partner: Yes/No

API..... Software..... White Label.....

Domain / Sub-domain.....

Note : Attach Logo Of Your Brand.

Signature of Client



PayRs



www.payrs.co.in