MX™ MERCHANT
EQUIPMENT ORDER FORM

ISO/AGENT OFFICE: _____ DATE SUBMITTED: _____

REQUESTED BY: _____ PHONE NUMBER: _____

BUNDLE TYPE	QUANTITY	PRICE	TOTAL PRICE
Computer Bundle			
POS Bundle without Barcode Scanner			
POS Bundle with Barcode Scanner			
Deluxe Bundle			

A LA CARTE EQUIPMENT INFORMATION

EQUIPMENT TYPE	PRICE	QUANTITY

ADDITIONAL CHARGES

DESCRIPTION	PRICE
Shipping and Handling	**Included**

SHIPPING INFORMATION

DBA / Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

BILLING INFORMATION

Shipping Preference   ☐ UPS Priority Overnight   ☐ UPS Second Day   ☐ UPS Ground

Credit Card Number _____   Expiration Date _____   CVV2 Code _____

Credit Card Authorized Signature _____

Total Amount to be Billed $ _____

All equipment orders require _shipping_ preference, _complete_ credit card billing information and _signature_ of cardholder.

PRIORITY
PAYMENT SYSTEMS SOUTH®
Next Generation Bank Card Solutions™

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