



# MERCHANT APPLICATION

## TERMINAL INFORMATION SHEET



Office No. \_\_\_\_\_ Agent Name \_\_\_\_\_

### TERMINAL DOWNLOAD INFORMATION

Merchant Business Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Phone No. (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
E-mail Address \_\_\_\_\_

The Merchant Will be Accepting

☐ Amex Amex No. \_\_\_\_\_  
☐ Discover Discover No. \_\_\_\_\_

What Type of Transaction Will the Merchant be Running

☐ Retail Only ☐ Tip Function ☐ EBT (food stamp benefits)

### EQUIPMENT INFORMATION NEEDED

What is the Current Equipment at the Merchant's Location \_\_\_\_\_

What is the Type of Equipment (please identify the type and model)

<input type="checkbox"/> Hypercom Type _____	<input type="checkbox"/> Nurit Type _____	<input type="checkbox"/> Omni Type _____
<input type="checkbox"/> POS System Type _____	<input type="checkbox"/> Gateway _____	<input type="checkbox"/> Check Imager _____
<input type="checkbox"/> Software Type _____	<input type="checkbox"/> Pin Pad Type _____	<input type="checkbox"/> Dejavoo Type _____

### SHIPPING INFORMATION

Would you Like EPS to Ship Equipment ☐ Yes ☐ No ☐ Residential ☐ Business

How Would you Like the Equipment to be Sent

☐ Overnight ☐ Second Day Air ☐ Ground ☐ Other \_\_\_\_\_

Ship to Name \_\_\_\_\_

Ship to Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### ADDITIONAL INFORMATION

Would you Like Assistance With the Download or Assistance With the Software File Build ☐ Yes ☐ No

Comments \_\_\_\_\_

Additional Information to Assist in Proper File Set Up \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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If you Are Needing Assistance or Have any Questions Please Contact Our Agent Relations at  
**800-863-5995**