TERMINAL INFORMATION SHEET
TERMINAL ORDER FORM

TERMINAL DOWNLOAD INFORMATION Please complete and attach this form with merchant paperwork!	**AGENT OFFICE NUMBER AND NAME:**

Merchant Name:

Address:

City:	**State:**	**Zip Code:**

Business Phone:	**Email Address:**

Will Merchant be accepting: **Amex** ☐ YES ☐ NO **Discover** ☐ YES ☐ NO ☐ **Tip Line**

FOR MOBILE APPLICATION: Cellular Phone Number Using Service: _____
Mobile Carrier: ☐ AT&T ☐ Sprint ☐ Verizon ☐ T-Mobile ☐ Other: _____
Type of Phone: _____   Make sure the mobile device is on compatibility list.

Other Terminals that will be used (if needed): Please complete all information for proper set-up

What is the type of Equipment? Please identify the type and model:

☐ Hypercom Type: _____	☐ Nurit Type: _____	☐ Omni Type: _____
☐ POS System Type:_____	☐ Gateway: _____	☐ Check Imager: _____
☐ Software Type: _____	☐ Pin Pad Type: _____	☐ Dejavoo: _____

Phone Line Type: Analog ☐   Digital ☐   DSL ☐   T1 ☐

Would you Like EPS to Ship Equipment? ☐ YES ☐ NO   Partial Equipment Ship Type: ☐ _____
How would you like the equipment to be sent?
☐ Overnight ☐ Second Day Air ☐ Ground ☐ Other: _____

SHIP TO ADDRESS: _____
☐ Residential ☐ Business _____

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:

_____
_____

If you are needing assistance or have any questions please contact our Agent Relations at 800-863-5995