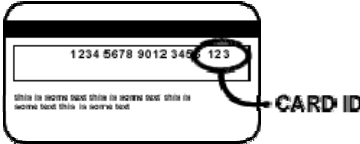





EQUIPMENT REPLACEMENT REQUEST FORM

MERCHANT INFORMATION			
Merchant DBA Name:		Merchant MID:	
EQUIPMENT INFORMATION			
Equipment Manufacturer and Model:	Printer Type: (if applicable)		Pin Pad Type: (if applicable)
CARDHOLDER INFORMATION			
Name as it appears on the Credit Card:			
Card Holder Billing Address:			
City:		State:	Zip:
SHIPPING INFORMATION			
Shipping Street Address For Overnight Delivery: (No PO Boxes)			
City:		State:	Zip:
Phone Number:			
PAYMENT AUTHORIZATION			
CARD TYPE: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover			
CARD NUMBER: _____			
EXP. DATE: ____/____/____			
CARD IDENTIFICATION NUMBER: _____			
Please reference the pictures to the right for the location of this number on your credit card.			
			
(Visa & MasterCard: 3 digits on back)		(American Express: 4 digits on front)	
I authorize the credit card listed above to be charged in the amount of \$99.00.			
<ul style="list-style-type: none">• 90-day warranty for free replacement• All replacements are refurbished equipment.• All non-working equipment must be returned or you will be charged the full prices of the equipment.• Return the terminal with the Call Tag enclosed with the replacement terminal• No Refunds – this is a service fee only.			
_____ PRINT NAME			
_____ SIGNATURE		_____/_____/_____ DATE	

**FAX TO DEPLOYMENT DEPARTMENT
(888) 415-0053**