

**ACCOUNT INFORMATION (*Required)**

Primary Sales Partner Name and Number:

Sub Sales Partner Name and Number:

Merchant DBA Name:

REF ID:

PAYMENT JACK STANDALONE COVERSHEET**MOBILE DEVICE INFORMATION**

Primary Device Phone Number:	Device Type: <input type="checkbox"/> iPhone <input type="checkbox"/> Android <input type="checkbox"/> Verizon BREW <input type="checkbox"/> Other:_____	Model Name:
Mobile Carrier:	Primary Email Address:	Swiper required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Device Contact Name:	Contact's Last Six of SSN:	Contact's DOB:
Additional Device Phone Number:	Device Type: <input type="checkbox"/> iPhone <input type="checkbox"/> Android <input type="checkbox"/> Verizon BREW <input type="checkbox"/> Other:_____	Model Name:
Mobile Carrier:	Additional Email Address:	Swiper required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Device Contact Name:	Contact's Last Six of SSN:	Contact's DOB:
Additional Device Phone Number:	Device Type: <input type="checkbox"/> iPhone <input type="checkbox"/> Android <input type="checkbox"/> Verizon BREW <input type="checkbox"/> Other:_____	Model Name:
Mobile Carrier:	Additional Email Address:	Swiper required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Device Contact Name:	Contact's Last Six of SSN:	Contact's DOB:
Additional Device Phone Number:	Device Type: <input type="checkbox"/> iPhone <input type="checkbox"/> Android <input type="checkbox"/> Verizon BREW <input type="checkbox"/> Other:_____	Model Name:
Mobile Carrier:	Additional Email Address:	Swiper required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Device Contact Name:	Contact's Last Six of SSN:	Contact's DOB:

EQUIPMENT ORDERING

Shipping Address (If different from business address):	City:	State:	Zip:
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ADDITIONAL INFORMATION

MID of Existing Account to be Cancelled:
Comments/ Notes: