



SERVICE REQUEST FORM

Ph 1-866-353-3828 Fax 866-802-9852

Date: _____ Ticket No. _____ Terminal ID No. _____

Location Name: _____

Location Address: _____

Location Phone No. : _____ Cell No. _____ Email: _____

Merchant Name: _____ Email _____

Merchant Mailing Address: _____

Agent Name: _____

Agent Cell Phone: _____ Agent Email: _____

SERVICE TYPE: Install [] De-Install [] Dispenser Repair [] Miscel Repair: _____

TOTAL ATM SURCHARGE: _____ Minimum Amount Dispensed: \$200.00 DENOMINATION \$20.00 or _____

Master Code xxxxxx or _____ **Serv Code** 212121 or _____ **Oper Code** 123456 or _____ **Safe Combo** 45 or _____

Comm Type: Tel Line [] IP Line [] Opt Conn [] **S/N** _____ Other [] Paid By: _____

Equipment Serial No. _____ **ATM Type:** _____ **Card Reader** STND [] EMV []

Equipment: New [] or Used [] // Owned [] Purchase [] Rental [] By: _____

Window Sign (Neon) or (Plastic) Yes [] No [] Supplied by: _____

Service Contract [] Service Time Included: _____ Parts Time Included _____ Paper Included []

Service Instructions:

Merchant Signature: _____ **Date:** _____