



SETUP SHEET

PH 1-281-257-5625
FAX 1-866-802-9852

Date: _____ Invoice WO No. _____ Terminal ID No. _____

Location Name: _____

Location Address: _____

Location Phone No. : _____ Fax No. _____

**Email Address: _____

SURCHARGE AMOUNT _____ Minimum Amount Dispensed: \$200.00 DENOMINATION \$20.00

Merchant Name: _____ Email _____

Merchant Mailing Address: _____

Merchant Commission: _____ Contact Phone : _____

Agent Name: _____ Agent Address: _____

Agent Commission: _____ Contact Phone: _____

Master Code: _____ Service code: _____ Operator Code: _____ Safe Combo: _____

Equipment Serial No. _____ ATM Type: _____

Software Version: _____ EMV Upgraded [] Yes or [] No Date: _____

Equipment: Owned [] Purchase [] Rental [] By: _____ Payment Type: _____

Comm Type: Tel Line [] IP Line [] Opt Conn [] Dockbox [] S/N _____

Routing No. _____ Bank Acct.No. _____

Bank Name: _____ Bank Address: _____

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

Service Notes: