

EQUIPMENT ORDER FORM

AGENT OFFICE/REQUESTED BY:		DATE SUBMITTED:		
EMAIL ADDRESS:		PHONE NUMBER:		
SHIPPING INFORMATION				
MERCHANT ID:				
DBA/NAME:				
ATTENTION TO:				
FULL ADDRESS:				
PHONE NUMBER:				
SHIPPING TYPE <input type="checkbox"/> OVERNIGHT (<input type="checkbox"/> STANDARD <input type="checkbox"/> AM <input type="checkbox"/> SATURDAY) <input type="checkbox"/> SECOND DAY <input type="checkbox"/> GROUND				
EQUIPMENT ORDER INFORMATION				
EQUIPMENT TYPE	PRICE	QUANTITY	DOWNLOAD	ENCRYPTION
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
DOWNLOAD/ENCRYPTION TYPE				
TID FEATURES	<input type="checkbox"/> RETAIL <input type="checkbox"/> RESTAURANT <input type="checkbox"/> QSR <input type="checkbox"/> RETAIL W/TIP <input type="checkbox"/> PETROLEUM <input type="checkbox"/> LODGING <input type="checkbox"/> IP <input type="checkbox"/> DIAL <input type="checkbox"/> WIRELESS <input type="checkbox"/> AVS/CVV2 <input type="checkbox"/> FRAUD <input type="checkbox"/> INVOICE # <input type="checkbox"/> CONTACTLESS <input type="checkbox"/> AUTO CLOSE: _____ <input type="checkbox"/> SERVER/CLERK <input type="checkbox"/> EMV <input type="checkbox"/> SPECIAL INSTRUCTIONS: _____			
EQUIPMENT TYPE	TID/BUILD #	APPLICATION ID#	ENCRYPTION KEY/PLATFORM	DOWNLOAD PHONE #
ADDITIONAL CHANGES				
DESCRIPTION	PRICE	QUANTITY		
TERMINAL DOWNLOAD/REPROGRAM	\$25.00			
ENCRYPT TERMINAL/PIN PAD	\$15.00		TDES 375A	
SHIPPING & HANDLING	\$4.95 + TBD			
BILLING INFORMATION				
CREDIT CARD TYPE: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS				
CREDIT CARD #:		EXPIRATION DATE: ____/____	CVV2 CODE#	
CARD HOLDERS NAME (THE NAME ON THE CARD MUST MATCH THE NAME OF THE PERSON AUTHORIZING THE CHARGES BELOW)				
<input type="checkbox"/> USE ACCOUNT ON FILE <input type="checkbox"/> ONE TIME AUTHORIZATION (PLEASE COMPLETE BELOW)				
NAME OF FINANCIAL INSTITUTION:				
ADDRESS OF FINANCIAL INSTITUTION:				
ROUTING NUMBER:	ACCOUNT NUMBER	CHECKING	SAVINGS	
NAME ON ACCOUNT (THE NAME ON THE DDA MUST MATCH THE NAME OF THE PERSON AUTHORIZING THE CHARGES BELOW)				
AUTHORIZING SIGNATURE			TOTAL AMOUNT TO BE BILLED: \$ _____	

ALL EQUIPMENT ORDERS REQUIRE SHIPPING PREFERENCE, COMPLETE CREDIT CARD BILLING INFORMATION AND SIGNATURE OF CARDHOLDER. ORDERS REQUESTING TERMINAL DOWNLOADS NEED TO BE RECEIVED BEFORE 2PM EST. ALL ORDERS RECEIVED AFTER 4PM EST WILL BE PROCESSED ON THE NEXT BUSINESS DAY.

****ALL FEES ARE SUBJECT TO CHANGE DEPENDING ON THE AVAILABILITY OF THE ITEM. A \$50 REJECT FEE WILL APPLY TO THE EQUIPMENT ORDER FOR EACH UNSUCCESSFUL ACH BILLING AND PAYMENT PROCESSING****

FOR PURCHASES PLEASE MAKE SURE YOU HAVE ALREADY SIGNED THE TPG AGREEMENT, ORDERS REQUESTING A TERMINAL DOWNLOAD NEED TO BE SUBMITTED NO LATER THAN 4PM EST AND CAN GO OUT THE SAME DAY. ANY OVERNIGHT ORDER SUBMITTED ON A FRIDAY WILL BE DELIVERED MONDAY UNLESS SATURDAY DELIVERY IS REQUESTED (SATURDAY DELIVERY FEE WILL APPLY).

RETURN POLICY: ITEMS MUST BE RETURNED WITHIN 30 DAYS FOR A REFUND. RETURNED ITEMS ARE SUBJECT TO A 25% RESTOCKING FEE. MERCHANT IS RESPONSIBLE FOR COST OF RETURN SHIPPING.

INCLUDE RESALE/EXEMPTION CERTIFICATE WITH THIS ORDER TO AVOID SALES TAX EXPENSE.

PLEASE FAX EQUIPMENT ORDER FORM TO: (855) 853-1672

REV.MX-TSYS1116

<input type="checkbox"/> BILLED BY TPG	<input type="checkbox"/> TASQ ORDER
<input type="checkbox"/> INTERNAL INVENTORY	<input type="checkbox"/> WAIVED
SHIPPED BY <input type="checkbox"/> FEDEX <input type="checkbox"/> UPS	
TPG ORDER # _____	
APPROVED BY: _____	