

EQUIPMENT ORDER FORM

AGENT OFFICE/REQUESTED BY:		DATE SUBMITTED:	
EMAIL ADDRESS:		PHONE NUMBER:	
SHIPPING INFORMATION			
MERCHANT ID:			
DBA/NAME:			
ATTENTION TO:			
MAILING ADDRESS:			
PHONE NUMBER:			
EQUIPMENT/SUPPLY SHIPPING TYPE: <input type="checkbox"/> GROUND <input type="checkbox"/> SECOND DAY OVERNIGHT (<input type="checkbox"/> STANDARD <input type="checkbox"/> AM <input type="checkbox"/> SATURDAY)			
EQUIPMENT/SUPPLY ORDER INFORMATION			
EQUIPMENT/SUPPLY TYPE	PRICE	QUANTITY	PROGRAM
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
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 HOLDER'S NAME <small>(THE NAME ON THE CARD MUST MATCH THE NAME OF THE PERSON AUTHORIZING THE CHARGES BELOW)</small>			
<input type="checkbox"/> USE ACCOUNT ON FILE		<input type="checkbox"/> ONE TIME AUTHORIZATION (PLEASE COMPLETE BELOW)	
NAME OF FINANCIAL INSTITUTION:			
ROUTING NUMBER:		ACCOUNT NUMBER:	
NAME ON ACCOUNT <small>(THE NAME ON THE DDA MUST MATCH THE NAME OF THE PERSON AUTHORIZING THE CHARGES BELOW)</small>			
AUTHORIZING SIGNATURE		TOTAL AMOUNT TO BE BILLED: \$ _____ <small>TOTAL AMOUNT WILL BE BILLED PLUS SHIPPING & TAX</small>	

ALL EQUIPMENT/SUPPLY ORDERS REQUIRE SHIPPING PREFERENCE, COMPLETE BILLING INFORMATION, AND A SIGNATURE OF THE ACCOUNT HOLDER.

ORDERS REQUESTING PRINTER PROGRAMMING NEED TO BE RECEIVED BEFORE 2PM EST. ALL ORDERS RECEIVED AFTER 4PM EST WILL BE PROCESSED ON THE NEXT BUSINESS DAY. ANY OVERNIGHT ORDER SUBMITTED ON A FRIDAY WILL BE DELIVERED MONDAY UNLESS SATURDAY DELIVERY IS REQUESTED (SATURDAY DELIVERY FEE WILL APPLY).

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

RETURN POLICY: ITEMS MUST BE RETURNED WITHIN 30 DAYS FOR A REFUND. RETURNED ITEMS ARE SUBJECT TO A 25% RESTOCKING FEE PER UNIT. NO REFUND ON ITEM'S SHIPPING & HANDLING FEES. CUSTOMER IS RESPONSIBLE FOR THE COST OF RETURN SHIPPING.

<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: _____	

REV PPS2017

INCLUDE RESALE/EXEMPTION CERTIFICATE WITH THIS ORDER TO AVOID SALES TAX EXPENSE
PLEASE FAX EQUIPMENT/SUPPLY ORDER FORM TO: (888) 841-2010