

EQUIPMENT ORDER FORM

Fax to 214.614.4623 or E-mail to accountservices@signapay.com

Sales Office Information

Sales / ISO Office # _____
 Sales Office Name _____
 Sales Rep Name _____
 Sales Rep # _____
 Contact Phone # _____

Merchant Information

DBA Name _____
 Corporate Merchant ID # _____
 Contact Phone # _____
 Fax # _____
 City _____ State _____
 Address _____ Zip _____

	Manufacturer	Model	Encryption	QTY	Price
1			PTECH Omaha Buypass TSYS		
2			PTECH Omaha Buypass TSYS		
3			PTECH Omaha Buypass TSYS		
4			PTECH Omaha Buypass TSYS		
5			PTECH Omaha Buypass TSYS		
6			PTECH Omaha Buypass TSYS		

Payment Method

Bank Draft
 Name on Account _____
 ABA Routing # _____
 Account # _____

Credit Card
 Card Type Visa MC AMEX Discover
 Name on Card _____
 Card Number _____
 Expiration Date _____ CVV _____
 City _____ State _____
 Address _____ Zip _____

Check Enclosed
 Print Name _____
 Authorized Signature X _____
 Date _____

Terminal Parameters

AUTO BATCH
 ETHERNET
 AVS/CVV2 PROMPT
 TIP LINE
 SERVER PROMPT

Application Type

RETAIL
 RESTURANT
 LODGING
 MOTO
 PETROLEUM

Shipping Information

ATTN _____
 City _____ State _____
 Address _____ Zip _____
Cannot ship to PO Box

Delivery Method

Ground (1 piece = \$15, 2 piece = \$20)
 2nd Day (1 piece = \$25, 2 piece = \$30)
 Overnight (1 piece = \$45, 2 piece = \$55)

Special Instructions

Total Equipment Sale \$ _____
 Delivery Amount \$ _____
 Taxes \$ _____
 Grand Total \$ _____