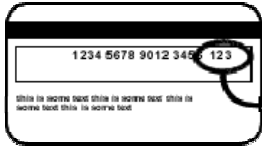





EQUIPMENT REPLACEMENT REQUEST FORM

MERCHANT INFORMATION		
Merchant DBA Name:	Merchant MID:	
EQUIPMENT INFORMATION		
Equipment Manufacturer and Model:	Printer Type: (if applicable)	Pin Pad Type: (if applicable)
CARDHOLDER INFORMATION		
Name as it appears on the Credit Card:		
Card Holder Billing Address:		
City:	State:	Zip:
SHIPPING INFORMATION		
Shipping Street Address For Overnight Delivery: (No PO Boxes)		
City:	State:	Zip:
Phone Number:		
PAYMENT AUTHORIZATION		
CARD TYPE: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		
CARD NUMBER:		EXP. DATE: ____/____
CARD IDENTIFICATION NUMBER: _____ Please reference the pictures to the right for the location of this number on your credit card.		
 (Visa & MasterCard: 3 digits on back)		 (American Express: 4 digits on front)
I authorize the credit card listed above to be charged in the amount of \$99.00.		
<ul style="list-style-type: none">• 90-day warranty for free replacement• All replacements are refurbished equipment.• All non-working equipment must be returned or you will be charged the full prices of the equipment.• Return the terminal with the Call Tag enclosed with the replacement terminal• No Refunds – this is a service fee only.		
_____ PRINT NAME		_____/_____/_____ DATE
_____ SIGNATURE		

**FAX TO DEPLOYMENT DEPARTMENT
(888) 415-0053**