

LOANER EQUIPMENT SHIPPING REQUEST

Date:		Sales Office:			Store #:				
Requestor Name:				Extension:			Comb	ined Shipment:	
DBA:									
Contact Name: Phone #:									
Street Address:									
City / State / Zip:									
Service Type:			Processing Via:						
CCP:		MID:						Ext. PIN Pad:	
Current equipment to which loaner will connect:									
Terminal Based			PC Based Must have all Windows updates before Install						
PABX: Connection:			Contact has Admin Rights:						
Phone Lines:				USB or Serial Port Available:					
Dedicated Phone Line: O/S: IE Ver:									
# of Terminals: # of Imagers:			# of Checkreaders:						
Equipment Classification Requested:			Ne	New Request				nt Replacement	
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Equipment Type	Power Sup	ply P/S (Qty	Data	Cable	D/C	Qty	Returned Asset #	
				<u> </u>					
Programmed by: Te			ested by: Date:						
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 Second Day (\$40 for one device, \$15 each additional device) □ Ground (\$20 for one device, \$10 each additional device) □ Special Order EVP: 									
RSL (# of term/rdrs: # of Pwr Splys: # of Data Cbls:)									
☐ Waive Shipping VP:									
FedEx Account # for Billing:									
E-mail Confirmation to:									
Quality Inspection:									