SHIFT④

ORDER FORM

Submit this form to sign up for full payment processing capabilities with Shift4.
Must be submitted with Merchant Processing Agreement.

Deal Type: ☐ Reseller ☐ Referral

Office Name:		Rep Name:
Office Code:	CSD:	CSM:

Merchant DBA Name: Gateway: ☐ Shift4 ☐ Merchant Link

☐ New Location   ☐ Additional Location   ☐ Processor Change   Existing S4 Gateway Serial #, ML Site ID or MID #
☐ Ownership Change   ☐ Upgrade to Shift4   (if applicable): _____

Merchant Anticipated Go-live Date
Preferred Date: _____
Contact Name: _____
Contact Phone: _____
Contact Email: _____

Auto Batch: ☐ Yes – Provide settlement time: _____
(If none selected, settlement will default to 4:00 am ET)
☐ No – Merchant will audit transactions before settlement.

Will you be accepting EMV transactions? ☐ Yes ☐ No   Will you be accepting PIN debit? ☐ Yes ☐ No

Who is doing the installation? ☐ ISV ☐ Dealer ☐ Shift4 If ISV/Dealer, please provide email address: _____

Merchant Type: ☐ Retail ☐ Restaurant ☐ MOTO/E-commerce ☐ Lodging

EQUIPMENT TYPE

☐ Lane 3000*
Quantity: _____
Cost: $ _____
Connection Type:
☐ Ethernet ☐ USB ☐ Serial

*FE Program Terms and Conditions apply. See www.shift4.com/FEProgram for details.

☐ Lane 5000*
Quantity: _____
Cost: $ _____
Connection Type:
☐ Ethernet ☐ USB ☐ Serial

*Special approval required. Additional Terms & Conditions may apply. See www.shift4.com/FEProgram for details.

☐ SkyTab Pay-at-the-Table
Quantity: _____
Cost (New Customer): $0
Cost (Existing Customer): $ _____

☐ Lane 7000*
Quantity: _____
Cost: $ _____
Connection Type:
☐ Ethernet ☐ USB ☐ Serial

*Special approval required. Additional Terms & Conditions may apply. See www.shift4.com/FEProgram for details.

☐ Other – Will supply own PIN Pads
Quantity: _____

ISV/Dealer/Merchant is responsible for purchasing, provisioning and installing EMV readers with correct P2PE encryption keys and debit keys. To view all certified EMV devices, please visit https://www.shift4.com/dotn/integration/third-party-devices.cfm.

☐ TLOne (150 Max) – ML Accounts Only (2 devices. Includes backup.)
Cost: Free for end-to-end processing customers

VENDOR/INTERFACE INFORMATION

Vendor Name:		Contact:
Phone:		Email:

Product:	Version:	Number of Devices:	Deployment Model:

Is a software update needed? ☐ Yes ☐ No   Is i4Go Needed? ☐ Yes ☐ No   Is 4Res Needed? ☐ Yes ☐ No

Number of Revenue Center(s): _____ (attach Excel spreadsheet)

ACCOUNT CONTACTS

Project Manager:	Phone:	Email:
IT Contact:	Phone:	Email:
Accounting Contact:	Phone:	Email:
Contract Signatory:	Phone:	Email:

THIRD-PARTY INTEGRATIONS

Must submit appropriate payment processor VAR Sheet for any third-party processing integrations (check, gift card, etc.)
All VAR Sheets are available at https://www.shift4.com/client/setup/.

SHIPPING INFORMATION

☐ Ship to merchant – DBA address on file
☐ Ship to dealer/ISV – Provide shipping information

Terminal Shipping (Per Terminal):

☐ Free Ground Shipping
☐ 2nd Day Air $18.00
☐ Next Day Air $27.00

Company Name: _____

Attn: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: _____

SPECIAL INSTRUCTIONS (SUBJECT TO APPROVAL)

X _____ _____
RESELLER SIGNATURE   DATE

DIRECT CUSTOMERS ONLY

By their execution below the undersigned parties agree to abide by the SHIFT4 GATEWAY SERVICES AGREEMENT (the "GATEWAY SERVICES AGREEMENT") and the Merchant Processing Agreement. The GATEWAY SERVICES AGREEMENT consists of this Gateway Services Application and the GATEWAY SERVICES AGREEMENT TERMS AND CONDITIONS (available at www.shift4.com/gatewayterms). The Merchant Processing Agreement consists of the Merchant Application and the Merchant Processing Agreement Terms and Conditions (www.shift4.com/terms). MERCHANT acknowledges it has received and read both terms and conditions at the time of signing.

X _____ _____   **X** _____ _____
PRINCIPAL #1 FROM APPLICATION – SIGNATURE   DATE   PRINCIPAL #2 FROM APPLICATION – SIGNATURE   DATE

_____ _____   _____ _____
PRINT NAME   TITLE   PRINT NAME   TITLE

X _____ _____
ACCEPTED BY SHIFT4   DATE