First, Last (Owner)   Signature

DēNovo^{SM}
An i-POS Systems Company

Date

DējaPayPro MERCHANT SITE SURVEY (Retail)

Business Information

Business name (DBA)_____

Business address _____

Business telephone_____

Business type: SIC code, description of items, type of retail (clothing, convenience, other) _____

_____

Operators? ☐ Yes ☐ No   If YES, how many?   Qty _____

Operator 1

First name _____   Last name _____

T: _____   E: _____

4-digit pass code _____   Role _____

Operator 2

First name _____   Last name _____

T: _____   E: _____

4-digit pass code _____   Role _____

Operator 3

First name _____   Last name _____

T: _____   E: _____

4-digit pass code _____   Role _____

Operator 4

First name _____   Last name _____

T: _____   E: _____

4-digit pass code _____   Role _____

Please note: if you have more than 4 operators, please provide required details on an attached sheet of paper.

Will they be using a barcode scanner? ☐ Yes ☐ No

If YES, can they provide all SKU/ITEMS with their barcodes, in an .xls or csv file? ☐ Yes ☐ No

Have you received the list? ☐ Yes ☐ No

How many registers or tablets in total? _____

Dejavoo devices (card readers/CC machines)? _____

Do they have any coupons or gift cards in circulation? ☐ Yes ☐ No

Have you received the list? ☐ Yes ☐ No

Do they currently have a POS system in place? ☐ Yes ☐ No

What is the POS company's name? _____

Do they have a WiFi router in place? Quality? Interferences? ☐ Yes ☐ No

Do they offer WiFi to their customers? ☐ Yes ☐ No

If YES, is the WiFi network separate from the POS (ie, guest WiFi network)? ☐ Yes ☐ No

Username _____   Password _____

How many printers will they need?   Receipt _____   Other _____

Do they currently have any hardware from previous POS systems? ☐ Yes ☐ No

Make _____   Model or Part #_____

Receipt _____   Label _____

Special notes_____

Do they have pre-existing Cat5e cabling? ☐ Yes ☐ No

If NO, what date will the cabling be done? _____

Number of power outlets needed? _____

Do they have the necessary number of outlets available? ☐ Yes ☐ No

Is there someone on staff that knows and is in charge of networking? ☐ Yes ☐ No

If NO, can they get one for day of install?_____

Is this a new business? ☐ Yes ☐ No

Planned "GO LIVE" date?   Date _____ / _____ / _____

Planned installation date (for equipment to be there)   Date _____ / _____ / _____