				Store #:				
Date: Sales Office:			e:	Bill Shipping To:				
Requestor Name:				Extension:		Combined Shipment		
DBA:						No:		
Contact Name:		Phone #:						
Street Address:								
City / State / Zip:	_		Ship To:					
Service Type:			Processing Via:					
CCP: MID:							Ext. PIN Pad:	
Current equipment to w	hich loaner will	l conr	nect:					
Terminal Based			PC Based Must have all Windows updates before Install					
PABX: Connection:			Contact has Admin Rights:					
Phone Lines: Dedicated Line:			O/S: IE Ver:					
" - · ·								
# of Terminals: # of Imagers:			7 No B	# of Checkreaders: st				
Equipment Classification Rec	questea:		New Request		itionai Equ	ıpmer	nt Replacement	
++++++++++++++++++++++++++++++++++++++								
Equipment Type	quipment Type Power Supply P/		Qty Data	a Cable	D/C	Qty	Returned Asset #	
Processed by (RSS rep): Date:								
+++++++++++++ All equ	ipment will be shipped	the follo	J	ping request			++++++++	
Second Day (\$ Ground (\$ RSL (# of term	80 per device) 55 per device 25 per device) /rdrs: # of							
FedEx Account # for Billi	ng:							
E-mail Confirmation to: _								
Quality Inspection:								