



# Fax Application Cover Page

Please fax this cover sheet with the following completed information to (209) 320-2108.

- Merchant Application and Agreement (front and back)
- Voided Check or Bank Letter
- 3 Months Current Processing Statements (if applicable)

Agent/Office:

Date:

Merchant Name:

Merchant #

Product/Service Sold:

### Additional Information:

- Approved Special Rate Request
- Wireless Request Form (Attached)
- Other \_\_\_\_\_

Please complete information below ONLY if you are ordering equipment from EMP.

### Equipment Order Information:

Model:	Quantity:	Download
<input type="checkbox"/> _____	_____	<input type="checkbox"/>
<input type="checkbox"/> _____	_____	<input type="checkbox"/>
<input type="checkbox"/> _____	_____	<input type="checkbox"/>
<input type="checkbox"/> Pin Pad Swap	Pin Pad Type: _____	

Deliver To:  Agent/Office

Merchant

Other

Name:

Address:

City:

State:

Zip:

Attention:

### Shipping Options:

- Ground (Included)
- 2-Day Air (\$20.00)
- Overnight Saver (\$30.00)
- Overnight (\$40.00)

### Payment Options:

- Purchase
- Lease / Split Fund
- Free Placement
- Swap

### EMP OFFICE USE ONLY

Agent Cost of Equipment: Deduct: \$ \_\_\_\_\_

Setup and Shipping: Deduct: \$ \_\_\_\_\_

Other Adjustment: Deduct: \$ \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

Net Amount of Payment = \$ \_\_\_\_\_

TRACKING# \_\_\_\_\_