



# TERMINAL PROGRAMMING REQUEST FORM

**IMPORTANT - PLEASE READ BEFORE PROCEEDING:**  
**ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED.**  
**PLEASE FAX THIS REQUEST FORM TO NEW ACCOUNTS AT (209) 320-2108.**  
*Thank you for your cooperation.*

Merchant Name: \_\_\_\_\_  
Merchant Number: \_\_\_\_\_  
Requestor's Name: \_\_\_\_\_  
Requestor's Phone: \_\_\_\_\_

Terminal: \_\_\_\_\_  
Wireless LLI/ESN: \_\_\_\_\_  
Serial#: \_\_\_\_\_  
Terminal App: \_\_\_\_\_  
V#/TID#: \_\_\_\_\_

**FEATURES: (Write ENABLE or DISABLE)**

Access Code (PABX): \_\_\_\_\_ New Access Code \_\_\_\_\_

Auto Batch Close: \_\_\_\_\_ New Time (HH.MM) \_\_\_\_\_

Password Protection: \_\_\_\_\_

Auth Only Batch Credit Keyboard Void Password: \_\_\_\_\_

Tips: \_\_\_\_\_

Reset Transaction No. Daily: \_\_\_\_\_

Invoice # Prompt: \_\_\_\_\_

Purchasing Card Flag: \_\_\_\_\_

AVS: \_\_\_\_\_

CVV2: \_\_\_\_\_

Card Truncation on Receipts: \_\_\_\_\_

Local Programming: \_\_\_\_\_

Merchant Owned Printer: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Authorized Principal**  
(as specified on the Merchant Application/Agreement)

\_\_\_\_\_  
**Date**

If you should have any questions, please contact our Merchant Services department at (800)909-2124 or email us at [help@emerchantprocessing.com](mailto:help@emerchantprocessing.com)