

ISO or Agent Name _____

Requested by _____
 Date requested _____
 Apply my merchants
 Just a specific merchant
 If selecting a specific merchant, please provide _____
 Merchant company name _____

Comments: _____

Auto Settlement: ____:____PM/AM _____

EMV Configuration		Device Configuration		Service Fee	
Supports PIN:		Operator #	YES <input type="checkbox"/> NO <input type="checkbox"/>	Service Fee <input type="checkbox"/>	
Default Configuration	YES <input type="checkbox"/> NO <input type="checkbox"/>	Employee	YES <input type="checkbox"/> NO <input type="checkbox"/>	Convenience Fee <input type="checkbox"/>	
Not Supported	YES <input type="checkbox"/> NO <input type="checkbox"/>	Vendor	YES <input type="checkbox"/> NO <input type="checkbox"/>	Cash Discount/ Dual Pricing <input type="checkbox"/>	
Supported	YES <input type="checkbox"/> NO <input type="checkbox"/>	Server Id	YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>Mode</u>	Fixed Amount <input type="checkbox"/> Percent <input type="checkbox"/>
if yes:		Bartender Id	YES <input type="checkbox"/> NO <input type="checkbox"/>	If Fixed Amount	
EMV Option:		Waiter Id	YES <input type="checkbox"/> NO <input type="checkbox"/>	If Percent	
User Selection	YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>Clerk # Default Value</u>		Percent Mode (select only one)	
Prefer Debit	YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>Invoice # Prompt</u>	YES <input type="checkbox"/> NO <input type="checkbox"/>	Amount <input type="checkbox"/>	
Prefer Credit	YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>Invoice # Text</u>		Amount-Tax <input type="checkbox"/>	
Tax Prompt		<u>Invoice #</u>		Amount-Tax+Tip <input type="checkbox"/>	
<u>Tax Prompt</u>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>Ticket #</u>		Cash <input type="checkbox"/>	
<u>Tax Mode</u>	Manual <input type="checkbox"/> Auto <input type="checkbox"/>	<u>Job #</u>		Check <input type="checkbox"/>	
Tax 1%		<u>Order #</u>		Credit <input type="checkbox"/>	
<u>Tax Presentation On Receipt</u>	YES <input type="checkbox"/> NO <input type="checkbox"/>	Transaction Settings		Debit <input type="checkbox"/>	
<u>Tip Prompt</u>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>Signature Options (select only one)</u>		Gift <input type="checkbox"/>	
<u>Tip Mode (if yes, select one option below)</u>	YES <input type="checkbox"/> NO <input type="checkbox"/>	Electronic Signature	<input type="checkbox"/>	ACH <input type="checkbox"/>	
Prompt Amount	<input type="checkbox"/>	Paper Signature	<input type="checkbox"/>	EBT Cash <input type="checkbox"/>	
Prompt Percent	<input type="checkbox"/>	No Signature	<input type="checkbox"/>	EBT Food Stamp <input type="checkbox"/>	
Pick Percent	<input type="checkbox"/>	<u>Allow Offline</u>	<input type="checkbox"/>	TPago <input type="checkbox"/>	
Auto Apply %	<input type="checkbox"/>	<u>Default Amount</u>		Label	
<u>Tip %</u>		<u>Quantity Prompt</u>	YES <input type="checkbox"/> NO <input type="checkbox"/>	Receipt Options	
		<u>Purchase Cards Enabled</u>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>View/Edit Header</u>	
<u>Tip Receipt</u>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>Show Subtotal</u>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>Header Line 1</u>	
Device Configuration		<u>Contactless Prompt</u>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>Header Line 2</u>	
Optional Prompts Options		Service Fee		<u>Header Line 3</u>	
Customize a name for the user, select one of options below.		<u>Service Fee Enabled</u>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>Header Line 4</u>	
<u>Clerk # Prompt</u>	YES <input type="checkbox"/> NO <input type="checkbox"/>	***Only continue this section if previous choice is Yes***		<u>Header Line 5</u>	
<u>Clerk # Text</u>	YES <input type="checkbox"/> NO <input type="checkbox"/>	Select only one program type.		<u>View/Edit Trailer</u>	
<u>Clerk #</u>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>Program Type</u>		<u>Trailer Line 1</u>	
<u>Drive #</u>	YES <input type="checkbox"/> NO <input type="checkbox"/>	Surcharge	<input type="checkbox"/>	<u>Trailer Line 2</u>	

