

Equipment Setup Form

MID:	Shipping information - only fil if shipping is different
DBA:	Company name: Attn:
DBA Address:	Address:
City, State, Zip:	City, State, Zip:
Email	Phone number:

EQUIPMENT INFO (please note, There is a \$10.00 monthly gateway fee for Dejavo P line Terminals)
A \$25 Pin pad encryption fee will be assessed for any pin encryption

Manufacturer	Device Type	Payment Type	Price	QTY
Dejavoo P line	<input type="checkbox"/> P1 <input type="checkbox"/> P3 wifi	<input type="checkbox"/> Purchase <input type="checkbox"/> Placement <input type="checkbox"/> Reprogram	\$	
Dejavoo QD line	<input type="checkbox"/> QD4 <input type="checkbox"/> QD2 wifi	<input type="checkbox"/> Purchase <input type="checkbox"/> Placement <input type="checkbox"/> Reprogram	\$	
Dejavoo Pinpads	<input type="checkbox"/> QD5 <input type="checkbox"/> P5 <input type="checkbox"/> Z6	<input type="checkbox"/> Purchase <input type="checkbox"/> Placement <input type="checkbox"/> Reprogram	\$	
Dejavoo Z line	<input type="checkbox"/> Z8 <input type="checkbox"/> Z9 <input type="checkbox"/> Z11	<input type="checkbox"/> Purchase <input type="checkbox"/> Placement <input type="checkbox"/> Reprogram	\$	
Pax Line	<input type="checkbox"/> 920 <input type="checkbox"/> 920pro <input type="checkbox"/> 920max	<input type="checkbox"/> Purchase <input type="checkbox"/> Placement <input type="checkbox"/> Reprogram	\$	
Pax Countertop	<input type="checkbox"/> A80 <input type="checkbox"/> other	<input type="checkbox"/> Purchase <input type="checkbox"/> Placement <input type="checkbox"/> Reprogram	\$	
Pax Pin pads	<input type="checkbox"/> A35 <input type="checkbox"/> other	<input type="checkbox"/> Purchase <input type="checkbox"/> Placement <input type="checkbox"/> Reprogram	\$	

Gateway	POS	Additional Comments:
<input type="checkbox"/> Auth.net	<input type="checkbox"/>	
<input type="checkbox"/> NMI	Other _____	
<input type="checkbox"/> Other _____		
Batch Options		
Auto Batch	<input type="checkbox"/> Yes <input type="checkbox"/> No	Payment by: <input type="checkbox"/> Rep <input type="checkbox"/> Merchant
Auto Batch Tme	_____	Card # _____ Exp _____ CVV _____
Merchant Type:		Delivery Method:
<input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging		<input type="checkbox"/> Ground <input type="checkbox"/> 2 nd day <input type="checkbox"/> 3 rd day <input type="checkbox"/> Overnight <input type="checkbox"/> Sat Overnight
<input type="checkbox"/> Moto <input type="checkbox"/> Other		
<input type="checkbox"/> Restaurants: <input type="checkbox"/> Tip Line <input type="checkbox"/> Prompt Line		Total Amount Due:
<input type="checkbox"/> Tip %table print <input type="checkbox"/> Tip %table prompt		Total Equipment \$
By signing below, cardholder acknowledges receipt of goods & obligations set forth by the cardholder's agreement with the respective issuer. _____		Prog/encrypt/Dejavoo Gateway \$
		Shipping Charges \$
		Sales Tax \$
		Total Charges \$