

Merchant's Business Name (Legal): \_\_\_\_\_

**SECTION 14 EQUIPMENT SETUP** PROVIDER CODE: VAN = Vantiv to ship equipment SOF = Sales office to ship equipment MER = Merchant Owned

TERMINAL	QTY	MEM.SIZE	PROVIDER CODE	PRINTER	PROVIDER CODE	PIN PAD	PROVIDER CODE
Hyper com 4220	1	VAN				<input type="checkbox"/> NEW <input type="checkbox"/> EXCHANGE	
						<input type="checkbox"/> NEW <input type="checkbox"/> EXCHANGE	
						<input type="checkbox"/> NEW <input type="checkbox"/> EXCHANGE	

Other: \_\_\_\_\_ Provider Code: \_\_\_\_\_ Other: \_\_\_\_\_ Provider Code: \_\_\_\_\_ Other: \_\_\_\_\_ Provider Code: \_\_\_\_\_

**EQUIPMENT SOFTWARE INFORMATION** SOFTWARE NAME \_\_\_\_\_ PUBLISHER \_\_\_\_\_ VERSION \_\_\_\_\_

**EQUIPMENT OPTIONS** THE DEFAULT SELECTION WILL BE APPLIED FOR ANY OPTION NOT SELECTED BELOW

<input type="checkbox"/> <b>RETAIL / MOTO</b> AVS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Last 4-Digits <input type="checkbox"/> YES <input type="checkbox"/> NO CVV 2 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Purchase Card/Level 2 <input type="checkbox"/> YES <input type="checkbox"/> NO Invoice # Prompt <input type="checkbox"/> YES <input type="checkbox"/> NO PBX Code <input type="checkbox"/> 8 <input type="checkbox"/> 9 Multi Merchant <input type="checkbox"/> YES <input type="checkbox"/> NO First Merchant MID _____	Auto-Close++ <input type="checkbox"/> YES <input type="checkbox"/> NO TIME _____ Store N Forward <input type="checkbox"/> YES <input type="checkbox"/> NO Pre-dial <input type="checkbox"/> YES <input type="checkbox"/> NO Cash Back <input type="checkbox"/> YES <input type="checkbox"/> NO Debit Cash Bank Max Amount _____ ++ Auto-Close Time for Alternate Funding needs to be no later than 7:30 p.m. CST	<input type="checkbox"/> <b>RESTAURANT</b> Tips <input type="checkbox"/> YES <input type="checkbox"/> NO Servers <input type="checkbox"/> YES <input type="checkbox"/> NO Tables <input type="checkbox"/> YES <input type="checkbox"/> NO Bar Tab <input type="checkbox"/> YES <input type="checkbox"/> NO Suggested Tip <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> <b>CASH ADVANCE</b> <input type="checkbox"/> <b>LODGING</b> <b>PASSWORD</b> All <input type="checkbox"/> YES <input type="checkbox"/> NO Void <input type="checkbox"/> YES <input type="checkbox"/> NO Return <input type="checkbox"/> YES <input type="checkbox"/> NO Settlement <input type="checkbox"/> YES <input type="checkbox"/> NO Other _____
<input type="checkbox"/> <b>FAST PAY (FPS)</b> <input type="checkbox"/> Both receipts signature line <input type="checkbox"/> Both receipts NO signature line <input type="checkbox"/> NO receipts under \$25.00			

**Custom Header / Footer:** \_\_\_\_\_ **Wireless ID:** \_\_\_\_\_  
**Comments:** \_\_\_\_\_

**EQUIPMENT SHIPPING INSTRUCTIONS** Required ONLY if ordered through Vantiv - Default shipping options (indicated by \*) will be applied for any option not selected below

Ship To:  Merchant Location \*  ISO Location  Other  1-3 Day  Over Night Priority \*  Ground  Saturday

Attn: Abdul Gofur Payment For Equipment Will Be:  Lease  Check  Cash  Visa  MC  
 Address: 550 Delaware Ave  Discover  Amex  30 Day (Bill Group)

City: ALBANY State: NY Zip: 12209 Phone #: 518-813-4772 Special Instructions: \_\_\_\_\_

VANTIV TO REPROGRAM TRAIN MERCHANT?  YES  NO  
 VANTIV TO SHIP WELCOME KIT?  YES  NO

**WELCOME KIT SHIPPING INSTRUCTIONS** Required if welcome kit is shipping to separate address from above

Ship To:  Merchant Location \*  ISO Location  Other Attn: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**SECTION 15 SITE INSPECTION INFORMATION**

I represent and warrant that the information set forth in the application is true and accurate to the best of my knowledge. In addition, I hereby certify that (check which applies):

<input checked="" type="checkbox"/> I have physically inspected the business premises of the merchant at this address, personally confirmed the identity of the person listed in the Owner/Officer Information Section, and witnessed their signing of the Agreement	<b>Business/Inventory/Shipments:</b> Does business appear as represented? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Is business open and operating? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Is inventory sufficient for business type? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Are goods and services delivered at the time of sale? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Goods and services charged to credit card on <input checked="" type="checkbox"/> Order <input type="checkbox"/> Shipment If goods are shipped, is a Fulfillment House used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> An Vantiv approved third party site inspection vendor will supply inspection within 15 days of my signature below or I have informed Vantiv that a site inspection is needed.	Fulfillment House: _____ % of shipments by this vendor _____
<input type="checkbox"/> I have not physically inspected the business premises of the Merchant; but have verified the validity of the business using outside sources and confirmed the identity of the person listed under the Owner/Officer Information Section.	

Location Type:  Retail Store Front  Office Building  Residence  Industrial Building  Trade Show

Sales Organization: Vantiv Sales Rep Signature: Kyle Waples Application Date: 2.7.13