



Equipment Deployment / ACH Form

RETURN TO SALES@IPAYS.BIZ

Agent Name	Agent Email	Agent Phone	Date
------------	-------------	-------------	------

Merchant DBA	Merchant Email	Merchant Phone
--------------	----------------	----------------

EQUIPMENT SELECTION:

Equipment:	Connection:	Purchase or Placement:	Qty:
Equipment:	Connection:	Purchase or Placement:	Qty:
Equipment:	Connection:	Purchase or Placement:	Qty:
Equipment:	Connection:	Purchase or Placement:	Qty:
Tap to Pay:	TTP Phone #:	Tap to Pay:	TTP Phone #:
Gateway:	Comments:		

ACCOUNT SET-UP:

Application Type:	Tip Where:	Tip Suggestion Amounts: _____% _____% _____%
Settle Type:	Auto Settle Time: _____	EBT Enabled? _____ Debit Enabled? _____ Pin Pad Type? _____
Pricing Type:	% Charged to Cardholder: _____	Flat Fee Amount: _____ Discount Frequency: _____

GATEWAY FEES:

Set-Up Fee \$ _____	Monthly Fee \$ _____	Per Transaction \$ _____	Other _____ \$ _____
Monthly Per Hosted Payments Page \$ _____	Other _____ \$ _____		Other _____ \$ _____

SHIPPING:

Ship To:	Bill To:	Shipping Method:		
Address:		City	St	Zip

I hereby authorize POS Services, LLC, hereinafter called COMPANY, to process payments for amounts due to the COMPANY from the account described below.

One Time Charge: \$ _____ By: _____ Recurring Charges: \$ _____ By: _____

FOR ACH DEBITS - Please include voided check

Financial Institution:	City/State:
Transit/Routing #:	Account #:

FOR CREDIT CARD PAYMENTS

Credit Card #:	Exp Date:	CVV #:
Name on Card:	Address:	Zip:

For recurring authorization, this authority is to remain in full force and effect until the COMPANY has received written notification from me of its termination in such time and in such manner as to afford the COMPANY a reasonable opportunity to act upon it.

Company:	Title:
Name Print:	Date:
Signature:	Date: