

# Equipment Order Form

Please Fax to 214-614-4623



- INVENTORY     TASQ     OTHER  
 TPG     CYNERGY

Order # \_\_\_\_\_

Date: \_\_\_\_\_

## Section 1: Office Information

Sales Office Information	
SALES /ISO OFFICE #:	
SALES OFFICE NAME:	
CONTACT NAME:	
CONTACT PHONE:	

Merchant Information			
MID#:			
DBA NAME:			
DBA ADDRESS:			
CITY:	STATE:	ZIP:	
TEL:	FAX:		

## Section 2: Order Entry

	Manufacturer	Model #	Encryption Type	Sale/Lease	QTY	Price
1)			<input type="checkbox"/> PTECH <input type="checkbox"/> VITAL <input type="checkbox"/> NONE	<input type="checkbox"/> SALE <input type="checkbox"/> LEASE		
2)			<input type="checkbox"/> PTECH <input type="checkbox"/> VITAL <input type="checkbox"/> NONE	<input type="checkbox"/> SALE <input type="checkbox"/> LEASE		
3)			<input type="checkbox"/> PTECH <input type="checkbox"/> VITAL <input type="checkbox"/> NONE	<input type="checkbox"/> SALE <input type="checkbox"/> LEASE		
4)			<input type="checkbox"/> PTECH <input type="checkbox"/> VITAL <input type="checkbox"/> NONE	<input type="checkbox"/> SALE <input type="checkbox"/> LEASE		
5)			<input type="checkbox"/> PTECH <input type="checkbox"/> VITAL <input type="checkbox"/> NONE	<input type="checkbox"/> SALE <input type="checkbox"/> LEASE		
6)			<input type="checkbox"/> PTECH <input type="checkbox"/> VITAL <input type="checkbox"/> NONE	<input type="checkbox"/> SALE <input type="checkbox"/> LEASE		

Delivery Method	Delivery Price
<input type="checkbox"/> GROUND	( 1 piece = \$15, 2 pieces = \$20)
<input type="checkbox"/> 2nd Day Delivery	( 1 piece = \$25, 2 pieces = \$30)
<input type="checkbox"/> OVERNIGHT	( 1 piece = \$45, 2 pieces = \$55)
Shipping Charges for 4 or more pieces will vary by zip code and weight.	

## Section 4: Shipping Information

Shipping To Information	
<input type="checkbox"/> Ship to ISO Office Location <input type="checkbox"/> Ship to Merchant Location <input type="checkbox"/> Other (Fill Out Below)	
BUSINESS NAME:	
ADDRESS:	
SUITE / FLOOR:	
CITY:	
STATE:	
ZIP:	
ATTENTION TO:	

## Section 5: Payment Options for Sales

Payment Method	
<input type="checkbox"/>	ACH from my Account ABA Routing #: _____ Account #: _____
<input type="checkbox"/>	Check Enclosed                      Check #:
<input type="checkbox"/>	Credit Card: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover Card Holder's Name: _____ Card Number: _____ Expiration Date: ___/___/___    CVVS: _____

<b>Total Equipment Sale:</b>	\$ _____
<b>Leasing Options</b>	
<b>Monthly Lease Payment :</b>	\$ _____
	x _____ Months
<b>Total Lease Amount:</b>	\$ _____
<b>Total Delivery Amount:</b>	\$ _____
<b>Taxes:</b>	\$ _____
<b>Grand Total:</b>	\$ _____

\_\_\_\_\_ (Print Name)

\_\_\_\_\_ (Signature)                      \_\_\_/\_\_\_/\_\_\_ (Date)

CARD BILLING ADDRESS:	
ADDRESS:	
CITY:	STATE:
ZIP:	

Please note that no equipment will be shipped without full payment received by SignalPay. This document is meant to be used in conjunction with the Equipment Setup Form.

**Reminder: Please obtain a copy of the voided check.**