



105 Decker Ct.  
 Suite 650  
 Irving, TX 75062  
 Tel: 800-944-1399  
 Fax: 214-260-9320

### PinPad Encryption Form

Please use a separate form for each type of Pin pad  
 \$15.00 encryption fee, per Pin pad

ISO Name / Number : \_\_\_\_\_  
 Address: \_\_\_\_\_ City/ State/ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Product Name		Quantity
(check one)	<input type="checkbox"/> Lipman Nurit 202/252	_____
	<input type="checkbox"/> Lipman Nurit 2085+/3000/3010/3020/8000	_____
	<input type="checkbox"/> Verifone Pin pad 1000	_____
	<input type="checkbox"/> Hypercom Pin pad S8	_____
	<input type="checkbox"/> Thales Talento Pin pad	_____
<b>Product serial number:</b> _____		

<b>Network</b>	<input type="checkbox"/>	Paymentech
(check one)	<input type="checkbox"/>	Vital

<b>Return Shipping:</b>	<input type="checkbox"/>	Priority Overnight
(Check one)	<input type="checkbox"/>	Standard Overnight
	<input type="checkbox"/>	2nd Day
	<input type="checkbox"/>	3rd Day
	<input type="checkbox"/>	Ground

Shipment method chosen, weight of package, and return shipping address will determine shipping cost.  
 Pin pad will be returned to the Agent Sales Office Standard overnight if not specified.

**Special Instructions:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Payment Method:</b>		Please ship device for Injection to: SignalPay 105 Decker Ct., Suite 650 Irving, TX 75062 <b>Attn: PIN ENCRYPTION</b>
<input type="checkbox"/>	ACH from my Account ABA Routing #: Account #:	
<input type="checkbox"/>	Check Enclosed Check #: _____	

SignalPay internal use only:	
Received date:	/ /
Encrypt date:	/ /
Ship date:	/ /