

Instructions

Please complete the application in full if you are applying for additional or replacement terminals.

Requirements: Fully completed form signed by the authorised signatory/ies.

- | | | |
|--|---|---|
| <input type="checkbox"/> Additional | <input type="checkbox"/> Replacement | <input type="checkbox"/> Termination |
| <input type="checkbox"/> Existing Site | <input type="checkbox"/> Lost / Stolen | <input type="checkbox"/> Shop Closure |
| <input type="checkbox"/> New Site | <input type="checkbox"/> Damaged | <input type="checkbox"/> Customer Exited |

<i>Tick appropriate BOX</i> <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> DAMAGED			
MERCHANT NAME			
SECTION/ LOT			
STREET/ SUBURB			
PROVINCE			
POSTAL ADDRESS			
MERCHANT ID		Terminal S/N	
TERMINAL ID		Base S/N	
SIM S/N			
RETRIVED ACCESSORIES <i>(Please tick all boxes of items received)</i>		<input type="checkbox"/> EFTPoS Terminal <input type="checkbox"/> EFTPoS Chargers <input type="checkbox"/> EFTPoS Base <input type="checkbox"/> EFTPoS Sim card	
COMMENTS <i>(Advise reason for retrieved device/s)</i>			
MERCHANT AUTHORISATION			
NAME			
TITLE			
EMAIL			
PHONE / FAX			
AUTHORISED SIGNATURE <i>(Only to be signed by the signatory to the account)</i>		DATE	
BRANCH AUTHORISATION			
	COMPILED BY	AUTHORISED BY	
NAME			
TITLE			
EMAIL			
PHONE / FAX			
SIGNATURE			
RETAIL PAYMENTS			
MERCHANT ACCOUNT NUMBER			
STANDING ORDER NUMBER			
DAMAGED TERMINAL FEE	<input type="checkbox"/> COLLECTED <input type="checkbox"/> NOT COLLECTED		DATE