ADDITIONAL EQUIPMENT FORM

Customer No. | Sales Order No.

SALES

Source
○ Non-Referral
○ Referral

Sales Agent #1 | **Sales Agent #2** | **Sales Agent #3** | **Lead No.**

SELECT ONE

Select the appropriate option below. Note: Only one option may be selected per form.

○ **This equipment is being added to a new RBS Lynk merchant location:**

Store Name:
(Use same Store Name from Location Form)

○ **This equipment is being added to an existing RBS Lynk merchant:**

Merchant No.

○ **This equipment is being added to an existing RBS Lynk merchant's terminal:**

Terminal No.

EQUIPMENT SET

Qty.		N	U	E	R	X	Model / Description	Serial No.
	Terminal	○	○	○	○	○		.
☐	Printer	○	○	○	○			.
☐	PIN Pad	○	○	○	○	○		.
☐	Check Reader	○	○	○	○	○		.
☐	Other	○	○	○	○			.

Store Name:
As it is to appear on receipt header and plates

Store Return Policy on terminal receipt: (optional) ○ All Sales Final ○ No Refunds ○ Store Credit Only

Imprinter(s) Needed:	Plates:	Qty.	Auto-Close:	Auto-Close Time:	Time Zone:	CVV:	AVS:	Tips:	Prompt for Server/Cashier #:
Qty. ☐	○ Long	☐	○ Yes	☐☐ : ☐☐	○ EST ○ MTN	○ Yes	○ Yes	○ Yes	○ Yes
	○ Short	☐	○ No	○ AM ○ PM	○ CNT ○ PAC ○ Hawaii	○ No	○ No	○ No	○ No

SHIPPING

Ship To: ○ Store Address ○ Legal Address ○ Other (Complete only if "Other" option is selected)

Name:

Address:

Address 2:

City: St: Zip: -

Shipping Method: ○ 2-Day ○ Ground ○ Overnight

Phone: ( ) -

INSTALL

○ Telephone install
○ AE on-site, telephone install
○ AE will install

NOTES