



EFTPOS REPLACEMENT/RETRIEVAL/FORM

Instructions

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

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

- Additional Replacement Termination
 Existing Site Lost / Stolen
 New Site Damaged

Tick appropriate BOX						
<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		TAG		
TERMINAL ID		BASE S/N		TAG		
SIM S/N						
RETRIVED ACCESSORIES <i>(Please tick all boxes of items received)</i>	<input type="checkbox"/> EFTPoS Terminal <input type="checkbox"/> EFTPoS Base <input type="checkbox"/> EFTPoS Chargers <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				DATE		
RETAIL PAYMENTS						
MERCHANT ACCOUNT NUMBER						
STANDING ORDER NUMBER						