



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 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			