

Configuration Check Order Form

*First 2 checks are No Charge. Each additional check is \$0.25.

Type		Quantity	Unit Price*	Price
Configuration Checks				
Magtek MicReader				
Payleap	C-0		\$0.25	\$:
Nurit / Talento (same check)	C-1		\$0.25	\$:
Omni	C-2		\$0.25	\$:
Hypercom (including ICE 5700)	C-3		\$0.25	\$:
Dejavoo	C-4		\$0.25	\$:
USB Keyboard Emulation	C-5		\$0.25	\$:
Magtek MicImage				
Nurit	C-6		\$0.25	\$:
Omni (Not the 3200)	C-7		\$0.25	\$:
Hypercom T4100 / T4200	C-8		\$0.25	\$:
Nurit Val-Pak				
Welch Allyn	C-9		\$0.25	\$:
CR600				
Omni (set of 3)	C-10		\$0.25	\$:
Talento (set of 7)	C-11		\$0.25	\$:
Hypercom (Not ICE 5700)	C-12		\$0.25	\$:
Other				
Test Checks	C-13		\$0.25	\$:
Training Checks	C-14		\$0.25	\$:
ISO Set (1 of each)	C-15		\$2.00	\$:
PC Charge (set of 2)	C-16		\$0.25	\$:
Ingenico Host Port Config (For iSeries and Aqua)	C-17		\$0.25	\$:
Ingenico EN2500	See below			
Stamps				
ACH Stamp	S-1		\$4.50	\$:
ACH Auth pad for Tele-Debit	S-3		\$2.50	\$:
Thumbprint pad for Check 21 Payroll Cashing	S-4		\$6.00	\$:
Point of Sale Signage				
"We Accept Checks" POS decal (set of 2)	D-1		\$1.50	\$:
"We Accept Checks" countertop sign	D-2		\$2.50	\$:
Tech Support & Customer Service terminal decal	D-3		No Charge	\$: 0.00

To configure the Ingenico EN2500 Reader (other than iSeries or Aqua) This unit must be shipped to SPS-EFT for configuration: Sales Rep is responsible for ALL costs of shipping, including return shipping. Indicate type of terminal to configure for. Be sure to complete shipping and payment information on this form. Type of terminal to configure for: _____	Shipping Charges:	\$:
	Total Cost: (Including Shipping if Applicable)	\$:
	Total will be provided if a fax # has been listed for order confirmation.	

Same day shipping on orders received before **4 P.M. Central Time.**
 Incomplete order forms may cause delay in fulfilling order.
Fax order to: 855-676-2827
Email: sales@eftsupport.com

Please complete this section entirely.

** Please list a fax number to receive order confirmation and total cost including any shipping charges.

ISO#: _____ Date: _____

ISO Name: _____

Order placed by: _____

Phone #: _____

Fax #: _____
(**For confirmation of shipment total)

Comments: _____

Ship to:

Attention: _____

Company Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Phone #: _____

Billing Information:

Bill To: _____
(Company or Card Holder's Name)

I authorize SPS-EFT to debit the following account for any and all fees associated with equipment, materials, shipping, and any additional fees thereof.

Signature: _____

Credit Card #: _____

Exp. Date: _____ Type of Card: _____

Checking Acct. #: _____

Routing #: _____

Method of Shipment:

Ground / No Charge **U-7**

Second Day **U-6**

Overnight Regular (delivery by 10:30 A.M.) **U-3**

Overnight A.M. (delivery by 8:30 A.M.) **U-2**

Overnight w/ Saturday Delivery **U-1**

* To waive Shipping Charges, provide shipping account information.

Acct. #: _____

Carrier: _____