



FAX COVER SHEET

To: Statement Analysis Dept. **From:** _____

Fax: 866-466-0403 **Rep #:** _____

Phone: _____ **Date:** _____

Pages (including cover): _____

Please complete the following:

Merchant DBA Name: _____ **# Locations:** _____

Equipment Type: _____

Platform:	Global Payments	First Data	
Connection Type:	IP	Dial	Wireless
Merchant Type:	Retail Lodging	Restaurant Other	MOTO Internet
Free Equipment	Yes	No	
E-mail it back to:	Email on File		

Special Pricing Requests: _____
