Additional terminal request form

Please use this form to request an additional XAC or Ingenico terminal for an existing site.

1   Merchant Details

MID (Merchant ID)

Merchant Trading Name

Merchant Trading Address

Suburb   State   Postcode

First Name   Last Name

Email Address   Phone Number

2   Additional Terminal and Delivery Details

Countertop - Dial Up	Quantity	Preferred delivery date dd/mm/yy (note: must be 10 business days from today)
Countertop- IP	Quantity	
Mobile	Quantity	Delivery Contact Name (if different to the above)
Integrated	Quantity	Delivery Contact Number (if different to the above)
Verifone T65OP	Quantity	

3   Director / Partner / Sole Proprietor / Authorised Representative

By signing this form I/we authorise Till Payments o action this request

Name	Name
Signature Date	Signature Date