

Additional terminal request form

Please use this form to request an additional XAC or Ingenico terminal for an existing site. Once completed please email to support@tillpayments.com with subject heading *Additional Terminal*.

* Denotes a required field. Where possible please type information into the form before printing.

Merchant Details

Merchant Number/s*

Merchant Trading Name*

Merchant Trading Address

Suburb State Postcode Phone Number

First Name* Last Name*

Email Address*

Additional Terminal and Delivery Details

Countertop - Dial Up Quantity

Countertop- IP(*) Quantity

Mobile Quantity

Integrated(**) Quantity

Preferred delivery date dd/mm/yy (note: must be **10** business days from today)

Delivery Contact Name (if different to the above)

Delivery Contact Number (if different to the above)

Director / Partner / Sole Proprietor / Authorised Representative

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

Name* Name

Date* (dd/mm/yy) Date (dd/mm/yy)

Signature* X..... Signature* X.....

Print Form

(*) Broadband Terminal Checklist is required if Terminal Type XAC Countertop- IP is selected

(**) Integrated Terminal Checklist is required if Terminal Type XAC Integrated is selected