POYNT | PRIORITY
PAYMENT SYSTEMS®

AGENT INFORMATION

Agent Office _____   Date Submitted _____

Requested By _____   Phone Number _____

Email Address _____

MERCHANT INFORMATION

Merchant DBA _____   Merchant ID _____

Merchant Email _____   Address _____

City, State, Zip _____

Contact Full Name _____   Contact Phone _____

Alternative Phone _____   Industry ☐ Retail ☐ Restaurant ☐ Other

SOFTWARE PRICING

First Terminal Fee $ _____   Number of Terminals _____

Additional Terminal Fee (Per Unit) $ _____   Total Monthly Cost $ _____

ACTIVATION & TRAINING

☐ Activation Only $ _____   ☐ Activation + Basic Training + Advanced Features (90min) $ _____

☐ Activation + Basic Training (30min) $ _____   ☐ Onsite Activation (optional)

Preferred Install Date _____

☐ Auto Settlement _____ ☐ AM ☐ PM   Preferred Install Time ☐ AM ☐ PM

☐ Enable Tips ☐ Enable Debit   Network Setup Required ☐ Yes ☐ No

SIGNATURE

By signing below, you authorize Priority Payment Systems to transfer/debit funds to/from the designated checking associated with your merchant services account.

Merchant Signature _____   Title _____

Print Name of Signer _____   Date _____

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[FOR OFFICE USE ONLY]

Serial Numbers _____   TID(S) _____

Shipping Carrier _____   Tracking # _____