

ATM Instant Cash

374 Shepherd St. W.
 Windsor, ON N8X 1C3
 Tel: (519) 977-1533
 Fax: (519) 977-9452

Terminal Activation Form

ATM Serial #: _____
Terminal ID: _____

ATM Location Information:

Location Name: _____	Nature of Business: _____ (Gas Station, C-Store, etc.)
Location Address: _____	
City: _____	Province: _____
Postal Code: _____	
ATM Phone Number: _____	Is this line shared: <input type="checkbox"/> No <input type="checkbox"/> Yes
Location Contact Name: _____	Location Phone Number: _____
Time Zone: _____	Hours of Operation: _____

Terminal Information:

Requested Live Date: ____ / ____ / ____ (MM/DD/YY)

ATM Display Screen Information: (20 Characters Max.)

WELCOME TO → _____

Canadian Bill Size: \$5 \$10 \$20 Other: \$ _____

Surcharge Allocation: (OFFICE USE ONLY)	
	Surcharge Amount: \$ <input style="width: 100px;" type="text"/>
Distributor Receives:	Distributor Address: (As it will appear on cheque)
\$ _____ per transaction, for _____ (# of tx)	Distributor: ATM Instant Cash
\$ _____ per transaction, for _____ (# of tx)	Address: 374 Shepherd St. W.
\$ _____ per transaction, for _____ (# of tx)	City: Windsor Province ON
	Postal Code: N8X 1C3
Location Receives:	Location Address: (As it will appear on cheque)
\$ _____ per transaction, for _____ (# of tx)	Location: _____
\$ _____ per transaction, for _____ (# of tx)	Address: _____
\$ _____ per transaction, for _____ (# of tx)	City: _____ Province _____
	Postal Code: _____
Other Receives: (If applicable)	Other Address: (As it will appear on cheque)
\$ _____ per transaction, for _____ (# of tx)	Company: _____
\$ _____ per transaction, for _____ (# of tx)	Address: _____
\$ _____ per transaction, for _____ (# of tx)	City: _____ Province _____
	Postal Code: _____