



TERMINAL PROFILE

Date:

Surcharge:

Min. Volume:

Section A: Terminal Location (TL)				TL Commission				
Business Name:				If Over	If Under	EFT	CFI	CFA
Business Address:								
City:		State:	Zip:					
Location Phone Number:		Contact Name:	Contact Email Address:					

Section B: Terminal Owner (TO)				TO Portion				
TO Business Name:				If Over	If Under	EFT	CFI	CFA

Section C: Terminal Manger (TM)				TM Portion				
TM Business Name:				If Over	If Under	EFT	CFI	CFA
Chargeback Notification Information								
Email:		Text #:	Cell Phone Wireless Carrier:					

Section D: Terminal Participant (TM)				TP Portion				
TP 1 Name:				If Over	If Under	EFT	CFI	CFA
<input type="checkbox"/> TP-Creator <input type="checkbox"/> TP-Vault cash <input type="checkbox"/> TP-IAD								
TP 2 Name:				If Over	If Under	EFT	CFI	CFA
<input type="checkbox"/> TP-Creator <input type="checkbox"/> TP-Vault cash <input type="checkbox"/> TP-IAD								

Section E: ATM Concepts Processing Fee								
				If Over	If Under	EFT		

Section F: Terminal Host Connection				Fee To?				
<input type="checkbox"/> Native Internet				ATMC	TL	TO	TP	
<input type="checkbox"/> Phone Line		Phone Line #:		Fee Amount:				
<input type="checkbox"/> Wireless		Cell Company:	Serial #:					

Section G: Terminal Equipment Information			
Make:	Model:	Serial #:	
Software Version:	Bios Version:	<input type="checkbox"/> ACU 3/5 <input type="checkbox"/> ACU 6	
CDU:	Vault Access: <input type="checkbox"/> Dial <input type="checkbox"/> Electronic	Processor:	TID:

Additional Notes			