Deployment Form

New merchants, please submit form with Completed Application
Existing merchants, please submit form to accountupdates@pcs4fuel.com

Date: _____   Request Type: ○ Upgrade   ○ Additional TID

DBA / MID: _____   Phone Number: _____

Agent Name: _____   Agent Number: _____

Merchant Contact Name: _____

Shipping Information:

Ship to: ☐ Agent Office   ☐ Merchant Location

Contact: _____   Business Name: _____
Address: _____   Suite/Floor #: _____
City / State / Zip: _____   Recipient Phone #: _____
Recipient Email (for delivery notifications): _____

Shipping Method*:
○ Ground ($15)   ○ 2 Day ($35)   ○ Priority Overnight (including Saturday) ($65)

Billing Information:

Bill to: ☐ Agent   ☐ Merchant (no markup available)   ☐ Other _____

☐ Please charge credit card for purchase. Email Address for Payment Link: _____
☐ Please charge agent residuals for purchase

Equipment Information:

Platform: ☐ Nashville   ☐ Buypass   ☐ CARDnet

QTY	OWNERSHIP	EQUIPMENT	QTY	OWNERSHIP	EQUIPMENT

Software/POS System: _____   Software Version: _____
Gateway/Middelware Name: _____

File Build Specifications:

Application: ☐ Retail   ☐ Retail w/tip   ☐ Restaurant   ☐ MOTO   ☐ Lodging   ☐ Small Ticket/QSR
☐ E-Commerce   ☐ Voyager/WEX   ☐ Multi-merchant   ☐ Other: _____

Additional Features: ☐ PIN Debit   Internal or External PIN Pad: INT   ☐ EBT (FNS# Required): _____   ☐ EBT Cash Only
Connection: ☐ Dial-up   ☐ Wireless   ☐ WiFi   ☐ IP

Special Prompts: ☐ Tip Prompt   ☐ Suggested Tip   ☐ Tip Line   ☐ Server #   ☐ AVS   ☐ Dial 9   ☐ Surcharge %: _____
☐ Cash Advance %: _____   ☐ Fraud (last 4 digits)   ☐ Auto-Close/Auto Close Time: _____   ☐ Invoice

Additional Comments:

_____

* Programing of Valor or PAX devices takes 2-3 business days before shipment will occur