ADDITIONAL EQUIPMENT FORM

Customer No.										Sales Order No.								

SALES	Source O Non-Refer O Referral		s Age	ent #1				%]%[Sales A	gen	t #2				%		es A	gent	#3				%	Lead	No.	
SELECT ONE	Select the appropriate option below. Note: Only one option may be selected per form. • This equipment is being added to a new RBS Lynk merchant location: • Store Name: Use same Store Name from Location Form) • This equipment is being added to an existing RBS Lynk merchant: Merchant No. • This equipment is being added to an existing RBS Lynk merchant's terminal: Terminal No. • Term																									
	<u>Qty.</u>	<u>N</u> U	<u>E</u> .	<u>R X</u>			Mod	el / C	Descrip	tion							S	erial	No.							
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EQUIPMENT	Store Name:									As it is to appear on receipt header and plates																
Ш	Store Return Policy on terminal receipt: (optional) O All Sales Final												al	○ No Refunds ○ Store Credit Only												
	Imprinter(s)	<u>Pla</u>	ites:	Qty.	Au	ito-Cl	ose:	<u>A</u>	ito-Clo	se T	ime:		<u>Ti</u>	ne Z	ione:	•	<u>C</u>	VV:	4	AVS:]	Гips		Pro	mpt f r/Cas	or hier #:
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	Qty. O Short													lawa			0) No		
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