



**2005 TERMINAL SET-UP SHEET**  
*Please PRINT clearly and complete ALL fields*

ATM Make/Model: \_\_\_\_\_

\$ \_\_\_\_\_ + tax  
 Sales Price

\$ \_\_\_\_\_  
 SURCHARGE

\_\_\_\_\_  
 Company Fed. Tax ID# or sole proprietor's Social Security #

\_\_\_\_\_  
 Owner's Legal Business Name (as shown on Processing Agreement) Owner Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip COUNTY

\_\_\_\_\_  
 PHONE FAX E-MAIL

**TERMINAL LOCATION, IF DIFFERENT THAN ABOVE:**

\_\_\_\_\_  
 Legal Business Name of Terminal Location

\_\_\_\_\_  
 Physical Address of Terminal

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 LOCATION PHONE LOCATION FAX LOCATION CONTACT PERSON/MANAGER

**PATRIOT ACT COMPLIANCE (attach second page if needed):**

\_\_\_\_\_  
 First, Middle and Last Name of ATM Owner Social Security Number Date of Birth

\_\_\_\_\_  
 HOME ADDRESS of ATM Owner

**The undersigned authorizes Automated ATM Solutions, Inc to credit or debit the specified ATM Vault Cash Account for DAILY TRANSACTION SETTLEMENT, ERROR CORRECTIONS, ADJUSTMENTS & FEES**

Once the application is submitted, Automated ATM Solutions Inc. has invested a significant time and has incurred internal processing costs. If this ATM request is cancelled anytime after 3 days have passed, merchant will be liable for a \$500.00 cancellation fee. The Owner listed above is requesting that Automated ATM Solutions, Inc. provide ATM transaction processing, and settlement of ATM vault cash funds to the account specified below. The Owner represents and warrants that they are authorized to enter into a contractual obligation for the Owner listed above and that all information on this Terminal Set-Up Sheet is true, complete and correct. The signature below does hereby authorize Automated ATM Solutions Inc., or any of its agents, to obtain an investigative Consumer Report made in connection with this form. The undersigned represents and warrants to Automated ATM Solutions, Inc that the person executing this Release is an authorized signatory on the ATM Vault Cash Account.

\_\_\_\_\_  
 ACCOUNT OWNER SIGNATURE PRINTED NAME & TITLE Date

**REQUIRED:**

**RETURN THIS FORM WITH A VOIDED CHECK FROM THE BANK ACCOUNT THAT YOU WANT ALL VAULT CASH RETURNED TO.**

**If you have opened a new bank account for the settlement of your ATM funds, a temporary check can NOT be used here. You need to contact your bank for a letter on their letterhead confirming your ABA routing number and account number. They can fax the letter to us at 888-553-9155. Thank You!**