Download Setup Form

☐ New Merchant ⇢ (IF NEW MERCHANT PLEASE FAX TO: 718.463.6095)

☐ Existing Merchant ☐ Additional Terminal ID ☐ Additional Services to Add ⇢ (EXISTING MERCHANTS PLEASE FAX TO: 718.228.4297)

Sales Rep / Office Information	
SALES /ISO OFFICE #:	
SALES OFFICE NAME:	
SALES REP #	
SALES REP NAME:	

Merchant Information					
MID#:					
DBA NAME:					
DBA ADDRESS:					
CITY:		STATE:		ZIP:	
TEL:					

Enter equipment to be downloaded below

	Manufacturer (example: Lipman, Verifone)	Model # (example: Nurit 3020, Omni 3750)	Split Funding Leasing Only	QTY
1)			❍ Northern ❍ Integrated ❍ Signature ❍ First Manhattan	
2)			❍ Northern ❍ Integrated ❍ Signature ❍ First Manhattan	
3)			❍ Northern ❍ Integrated ❍ Signature ❍ First Manhattan	
4)			❍ Northern ❍ Integrated ❍ Signature ❍ First Manhattan	
5)			❍ Northern ❍ Integrated ❍ Signature ❍ First Manhattan	
6)			❍ Northern ❍ Integrated ❍ Signature ❍ First Manhattan	
7)			❍ Northern ❍ Integrated ❍ Signature ❍ First Manhattan	
8)			❍ Northern ❍ Integrated ❍ Signature ❍ First Manhattan	

Options and features below are to be set up for all equipment stated above where applicable.

Merchant Time Zone		Merchant Program Type			
☐	Eastern Time	☐	Retail	☐	Mail Order/Telephone Order
☐	Mountain Time	☐	Restaurant	☐	Petroleum (Gas Stations)
☐	Central Time	☐	Lodging	☐	QPS
☐	Pacific Time	☐	Supermarket	☐	Other (use special instructions)

Select Non-Bank Card				
☐	AMEX	❍NEW	❍EXISTING	#
☐	DISC/NOV	❍NEW	❍EXISTING	#
☐	DIN/CARTE	N/A	❍EXISTING	#
☐	JCB	N/A	❍EXISTING	#

Batching Options and Features		
☐	AMEX REV PIP	Only on Hypercom if Terminal Batch
☐	AMEX SPLIT DIAL	All Terminal Types if Terminal Batch
☐	AUTO BATCH	By Default if **NOT** specified
☐	TERMINAL BATCH	All Terminals

Software/Gateway: (Additional Forms are required when setting up a Gateway)	
☐	PLUG N' PAY Setup done by: ❍ Cynergy ❍ Self
☐	PC SOFTWARE NAME: ( )
☐	TOUCHTONE / DIAL PAY
☐	OTHER GATEWAY NAME: ( ) Setup done by: ❍ Cynergy ❍ Self

Select Service	
☐	EBT-FCS# :( )
☐	Check Recovery
☐	Gift Card
☐	Debit **Surcharge Amount: $**
☐	Electronic Check Conversion
☐	Other Check Service Name: Merchant ID#:

Special Instructions
DEPOSIT OPTIONS: ❍1 DAY ❍2 DAY ❍3 DAY ❍4 DAY ❍5 DAY ❍7 DAY
ANY OTHER SPECIAL REQUIREMENTS:

Shipping and Delivery for Start-up Kit Only

Every merchant receives a Start-up Kit with imprinter plates (imprinter not included).

Shipping Start-up Kit to:	
☐ ISO Office Location ☐ Merchant Location ☐ Other (Fill Out Below)	
BUSINESS NAME:	
ADDRESS:	
SUITE / FLOOR:	
CITY:	
STATE:	
ZIP CODE:	
ATTENTION TO:	

Delivery Method		Delivery Price
☒	GROUND	Free of Charge

This form is for Download Information Only, if ordering equipment, please also provide an Equipment Order Form.