

Merchant Card POS Terminals Order Form SunTrust Merchant Services / State of NC

INSTRUCTIONS

1. This Order Form is to be completed by a participant in the Merchant Card Master Services Agreement (Contract No. 14-008474) having POS Terminal needs. This includes:
 - Ordering new POS terminals (Purchase, rent, or lease)
 - Replacing POS terminals
2. Unless otherwise directed, all forms will be processed electronically through DocuSign.
3. In the case of supplies, the participant may contact STMS directly. Note that there is no cost for supplies, only shipping.
4. Before completing this form, the participant should educate itself regarding the various POS terminals available, to include the following:
 - Determination of procurement option desired (i.e., purchase, rent, or lease)
 - Determination if "Double Truncation" functionality is desired (cardholder number truncated on both merchant and customer copy of sales slip)
 - Determination if ECA functionality is needed (Check guarantee services - e.g., Telecheck)
 - Determination if PIN debit functionality is needed (key pad required)
 - What type of transaction volume storage is needed
 - If purchased, determine if being a proprietary terminal of First Data would be an issue
 - Acquire from STMS or from some other source
5. Information pertaining to POS terminals currently available from STMS and the pricing can be viewed at the following link:
http://www.osc.nc.gov/SECP/ScheduleB_Schedule_of_Fees_Updated_6-16-15.pdf
6. STMS will invoice the participant directly. Payment terms are Net 30 from invoice date. Failure to meet pay timely could jeopardize the participant's continuance as a participant under the Master Services Agreement.
7. Any questions should be directed to osc.form.merchantcard@osc.nc.gov.

Merchant Chain (Participant) and Merchant Outlet(s) Information

This form pertains to equipment relating to:

Merchant Chain Name: _____

Merchant Chain Number: _____

Merchant Outlet Number: _____

Note: Chain = Participant; Merchant number = Outlet number

Billing Information

Indicate the address to which invoices are to be submitted.

Participant Name: _____

Billing Address: _____

City: _____

State: _____

Zip: _____

Attention: _____

Phone: _____ Fax: _____

Email ID: _____

Shipping Information

Indicate the address to which terminals are to be shipped.

Participant Name: _____

Billing Address: _____

City: _____

State: _____

Zip: _____

Attention: _____

Phone: _____ Fax: _____

Email ID: _____

Other Information / Instructions

Equipment

Select one of the following: Terminal NOT a replacement; Replacing an existing terminal that is owned; Replacing an existing terminal being rented or leased (Will be requesting a 'Call Tag' to return)

Equipment Type (e.g., terminal, pinpad)	Purchase / Rent / Lease	Quantity	Name & Model	Desire Double Truncation Functionality * (Yes /No)	TID of Terminal Being Replaced

* Double Truncation = Cardholder number truncated on both merchant and customer copy of sales slip

Required Signature – Authorized Procurement Officer

Completion and submission of this form indicates that all applicable procurement requirements are being adhered to, and that funds are available to support the purchase / rental / lease.

Participant Name: _____

Procurement Officer: _____

Title: _____

Signature: _____

Date: _____

For OSC Use Only**For STMS Use Only**