



13511 Label Lane • 2nd Floor • Hagerstown, MD • 21740

Tel: 866.790.3995

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## Equipment Requisition Form

Agent Name: \_\_\_\_\_

Date: \_\_\_\_\_

Merchant Name: \_\_\_\_\_

Merchant ID: 3899000000 \_\_\_\_\_

Merchant Address: \_\_\_\_\_

Merchant Telephone: \_\_\_\_\_

Ship to: \_\_\_\_\_

(If different from above)

\_\_\_\_\_

| Equipment | Qty | Price        | Total     |
|-----------|-----|--------------|-----------|
| 1.        |     |              |           |
| 2.        |     |              |           |
| 3.        |     |              |           |
| 4.        |     |              |           |
| 5.        |     |              |           |
|           |     | <b>Total</b> | <b>\$</b> |

Please charge: Agent \_\_\_\_\_ Merchant \_\_\_\_\_

Payment Preference: Credit Card \_\_\_\_\_ ACH \_\_\_\_\_

Shipping Preference: Ground \_\_\_\_\_ 2nd Day \_\_\_\_\_ Overnight \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV2: \_\_\_\_\_

Agent/Merchant Signature: \_\_\_\_\_