



1229 Mall Drive  
Richmond, VA. 23235  
TEL: 1-877-510-2265  
FAX: 1-866-466-0403

PLEASE FAX YOUR COMPLETED  
APPLICATION TO: 1-8\*\*-(-\*\*-\$( \$' OR  
EMAIL : [jbz4ja@gdUmaYbhpVt.a](mailto:jbz4ja@gdUmaYbhpVt.a)

DATE OF REQUEST:

RESELLER NAME:

## PRICE REQUEST FORM

### BUSINESS INFORMATION

BUSINESS NAME		BUSINESS PH NO.	FAX NUMBER	
BUSINESS STREET ADDRESS		CITY	STATE	ZIP CODE
CONTACT NAME	TITLE	E-MAIL ADDRESS		

WHAT TYPE OF POS SYTEM DO YOU NEED? Please note: If your business serves food of any type (including sandwiches or pizza), please select the restaurant option:

☐ **RETAIL POS SYSTEM PACKAGE**

QUANTITY NEEDED: \_\_\_\_\_

☐ **RESTAURANT POS SYSTEM PACKAGE**

QUANTITY NEEDED: \_\_\_\_\_

☐ **SALON POS SYSTEM PACKAGE**

QUANTITY NEEDED: \_\_\_\_\_

☐ **GROCERY STORE POS SYSTEM PACKAGE**

QUANTITY NEEDED: \_\_\_\_\_

☐ **CUSTOM POS SYSTEM** (PLEASE EXPLAIN YOUR REQUIREMENTS IN DETAIL.)

1) \_\_\_\_\_: # of POS Stations

2) \_\_\_\_\_: # of Kitchen Printers

3) \_\_\_\_\_: # of Cash Drawers

4) \_\_\_\_\_: # of Customer Displays

5) \_\_\_\_\_: Back Office Server – (Required for 3 and more units)

6) \_\_\_\_\_: Back Office Printer: this will be regular paper for reporting purposes. Prints on 8.5 x 11 Paper

Any Other Requirements :

WHAT IS YOUR BUYING TIMEFRAME?

☐ ASAP

☐ 0-3 MONTHS

☐ 4-6 MONTHS

☐ 6 MONTHS OR LONGER

AUTHORIZED SIGNATURE

X

PRINTED NAME

DATE

THIS SECTION FOR OFFICE USE ONLY

DATE RECEIVED	DATE PRICE LIST ISSUED	POSSIBLE INITIALS