Gift Card Setup Form

General Information

Merchant DBA Name: _____

Merchant Street Address: _____

City: _____ State: _____ Zip Code: _____

Merchant Phone: _____ Merchant Fax: _____

POS Software

Point of Sale (POS) Software: _____
<small>(i.e. Aloha, eProcessing Network, Maitre'd, Micros, Positouch)</small>

Flavor: _____ Version: _____
<small>(i.e. Table Service, Quick Service, 3700, 9700, E7)</small>   <small>(i.e. v4.0, v5.23, v6.1)</small>

Operating System: _____ Method of Communication: _____
<small>(i.e. Windows 98, NT, 2000, XP, Vista,)</small>   <small>(i.e. TCP/IP, Dial-Up)</small>

Number of Front of House (FOH) terminal to be installed: _____

POS Vendor

Company Name: _____ Contact Person: _____

Vendor Phone: _____ Vendor Fax: _____

Please return completed form to:

Daniel Manley
Software Integration

Secure Payment Systems
10650 Scripps Ranch Blvd #109
San Diego, CA 92131

Phone: (888)313-7842 x332
Fax: (858)549-1323
Email: dmanley@securepaymentsystems.com

*NOTE: Please fax or email completed gift card setup form for expedited registration. Registration usually takes 24-48 hours. Once registered, you will be contacted to schedule installation and training. Please feel free to call or email with any questions/concerns.