ATM LOCATION INFORMATION SHEET

INSTRUCTIONS: Please fill in the information below for our records		
BUSSINESS INFORMATION		
Name of Location:	Address: City: State: Zip:	Phone: Fax: Email:
Directions to Location:		
Owner Information		
First Name - Initial - Last Name	Social Security Number:	Home Phone:
Address: Street: City: State: Zip:		
CORPORATE INFORMATION		
Name of Corporation:	President:	
d/b/a (Doing Business As)		
Individual ( ) Partnership ( ) Corporation ( )		
Federal Tax ID Number:	Operating Hours:	
Set Date:	Opening Date:	Company Representative:
Today's Date:	Proprietor certifies that he/she is not a party to or has a covenant with or is restricted to any other ATM Agreement. X	
Customer Certifies All The Above Information To Be True And Correct:		
X		

Floor Type:
Phone Line:
Surge Protector:
Receptacle:
Ceiling Type:
Misc:

The customer fully understands that the ATM installation process requires holes to be drilled into the Location's floor.

Initial: _____ Initial: _____

Sign Requirements (Pole, ground, lighted, sticker)