

EZPOS Terminal Management Agent Registration

EZPOS Terminal Management Agent REGISTRATION PROFILE

Please complete the following information, save the document and email a copy to jorozco@echo-inc.com; wwatley@echo-inc.com

Company Name:
Address 1:
Address 2:
City:
State and Country:
Zip:
Contact Name:
Contact Phone:
Fax:
E-mail:
Web Site Address:
Terminal Types:
Check Reader/Imagers
Verification Site:
Conversion Site:
EZPOS View options <input type="checkbox"/> View Only <input type="checkbox"/> Ability to edit file <input type="checkbox"/> Admin Rights (Ability to setup additional company Users) Give me Admin Rights
EZPOS training for client <input type="checkbox"/> Yes (YES, I need to know how to download the Verifone OMNI terminals) <input type="checkbox"/> No
EZPOS Login Name:
EZPOS Login Password:
EZPOS Login Company Name