



# P.O.S.A. Retailer Check List

Company \_\_\_\_\_  
 Name \_\_\_\_\_  
 Title        \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email       \_\_\_\_\_  
 Type of Account \_\_\_\_\_  
 Number of Stores \_\_\_\_\_

1. Do you currently accept Debit cards? Yes      No
2. If yes, do you currently accept Debit for under \$1.00 Yes      No
3. Do you currently have a Debit pin pad? Yes      No
4. Type / brand / model number of checkstand terminal to be used: \_\_\_\_\_
5. Name of Debit processor: \_\_\_\_\_ Phone # \_\_\_\_\_
6. Do you know your terminal identifier(s)? Yes      No  
If yes, please attach a list of the terminal IDs for each store
7. If not, please provide your merchant ID number: \_\_\_\_\_
8. If a display rack is to be shipped, please check the appropriate box:  
 Counter Display Stand     Floor Display Rack
9. In the even of a problem, who may we contact at your organization regarding your debit processing (i.e., IT Department, Marketing Manger, etc.)?

Name \_\_\_\_\_  
 Title \_\_\_\_\_

Phone Number \_\_\_\_\_  
 Cell / Pager \_\_\_\_\_

I, hereby, authorize Synergy Telecom, Inc. to contact my debit processor on my behalf regarding issues relating to the Point-of-Sale Activation process for their prepaid products and services.

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Title**

**Please sign and fax back to Synergy Telecom, Inc. at (800) 458-1329.**

Internal Use Only	Yes	No	Initial / Date
1. Has the store been properly tested with a Demo card?	Yes	No	_____
2. If yes, did the Demo card work properly? (If yes, go to #5)	Yes	No	_____
3. If no, has this form been faxed to a technical support agent?	Yes	No	_____
4. If yes, has the problem been resolved?	Yes	No	_____
<b>5. Has the store been successfully set up and installed?</b>	<b>Yes</b>	<b>No</b>	_____