

PROCESSING 1740 Cofrin Drive Suite 2 • Green Bay WI 54302 • 800-233-3776 • Fax: (920) 321-1667

TERMINAL SETUP (ADDS & CHANGES)

For changes, fill out ONLY the items below needing to be changed.

TERMINAL INFORMATION:		
	Terminal ID Effec	ective Date
	Terminal Model	
Ũ		
Telecommunication Type	Emulation (standard) Type	
TERMINAL CASH ACCOUNT: (for changes, please provide voided check or bank letter)		
Account Lookup		
-	Routing #	
PHYSICAL LOCATION:		
Business Name	Business Type	
Address		
City	State Zip	
Phone ()	Time Zone	
	Contact Last Name	
Send Adjustment Notice Type Letter Ema	nail Fax	
	Provide Address/Email/Fax information here.	
MAILING LOCATION:		
Same as Physical Location Yes No		
Mail Name		
Address		
City	State Zip	
Phone ()	Fax ()	
Email		
Contact First Name	Contact Last Name	
Send Adjustment Notice Type		
MORPHIS AND MOBILE APP ASSOCIATION:		
Which Morphis user name should terminal be associated with?		
Which Sub Group Morphis user name should terminal be associated with? Which Mobile App user name should terminal be associated with?		
Which Sub Group Mobile App user name should terminal be associated with?		
Signature:		