



If you have any problems or questions when filling out this form, please call us at 1.800.929.0228 or e-mail info@atmnetwork.net

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# PLACEMENT INFORMATION FORM

Account manager: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Merchant: Please fill out this form and return it to us by fax or email to see if your site qualifies for a free ATM placement.

## 1. COMPANY AND OWNERSHIP INFORMATION

**Company**

\_\_\_\_\_

**Street address**

\_\_\_\_\_

**City, state and ZIP code**

\_\_\_\_\_

<b>Owner's name</b>	<b>Years owned</b>
_____	_____

**Owner phone**

\_\_\_\_\_

**Type of Business**

\_\_\_\_\_

## 2. SITE INFORMATION

<b>Accept credit cards?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, monthly volume:</b> _____	<b>Accept checks?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Average daily customer count**

\_\_\_\_\_

**Nearest ATM**

\_\_\_\_\_

**Main reason you want an ATM**

\_\_\_\_\_

## 3. BUSINESS HOURS

Day of week	Opening time	Closing time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

## 4. MERCHANT INVOLVEMENT

**Agree to load ATM with cash?**  
 Yes  No

**Agree to provide electrical and phone/Internet?**  
 Yes  No

**Agree to a 5-year placement term?**  
 Yes  No

**Do you require a share of ATM revenue?**  
 Yes  No

**Previous ATM transaction counts**

\_\_\_\_\_

THIS SECTION FOR ATM NETWORK USE ONLY

<b>OSO/Company</b>	<b>City, State</b>	<b>Date</b>
_____	_____	_____
<b>Contact</b>	<b>Phone</b>	
_____	_____	
<b>OSO signature</b>		
_____		