



e-PORT ACTIVATION FORM

Please fax to (610) 989-9695 when completed

Call the Help Desk at 1-888-561-4748 with any questions

TRADING PARTNER NAME	
LOCATION INFORMATION	PHYSICAL e-PORT LOCATION
Location Name	
Street Address	
Specific Location @ this Address	
Specific Location @ this Address	
City, State, Zip	
Primary Contact	
Primary Contact Phone	
Secondary Contact	
Secondary Contact Phone	
e-PORT INFORMATION	
e-Port Serial Number	
Vending Machine Make	
Vending Machine Model	
Vending Machine Asset Number	
Product Being Vended (general)	
Will Credit Cards be used?	_____ yes _____ no
Dial out REAL-TIME for Authorization?	_____ yes _____ no
If "No", how many swipes allowed per day?	
Single or Multiple Vends per Swipe?	_____ Single _____ Multiple
If Multiple, How Many Items per Swipe	Between 2 and 10 Items
Show CASH in Reports?	_____ yes _____ no
REPORTING INFORMATION	
Reports Contact	
Email Address	
REMITTANCE INFORMATION	
Have you previously filed an	
"Authorization for Electronic Funds	
Transfer" form?	_____ yes _____ no
If "no", please send with this form	