



**Toll Free 877-877-9592**

**Merchant Receipt**

**Fax 888-984-0369**

One Time Set Up Fee (Non-Refundable) _____	Monthly Minimum _____
Reprogramming Fee _____	Statement Fee _____
Lease Payment & Terms _____ for _____	Discount Rate _____ Transaction Fee _____
Purchase Amount _____	Visa & Master Card _____
Sales Tax _____	Mid Qualified Rate _____
Shipping Amount _____ Day	Non Qualified Rate _____
Total Collected _____	American Express _____
Equipment Type _____	Discover _____
Special Instructions _____	Check Guarantee _____
_____	Debit Fee _____
_____	Monthly Gateway Fee _____
_____	Monthly Wireless Fee _____
	Merchant Club (optional) 6 rolls of paper per month upon request _____

By signing this merchant receipt I agree to the terms and fees stated here and have read the merchant processing agreement.

Company Name \_\_\_\_\_

Merchant Signature \_\_\_\_\_

MSI Representative  
5 Bristol Dr. Ste # 1 Easton, MA 02375  
Ph: 877-877-9592 Fax: 888-984-0369

Name: \_\_\_\_\_ PH: \_\_\_\_\_  
Fax: \_\_\_\_\_