



## Service Call Request Form

Fax or email completed form to Convenience ATMs, Inc. 204 East South Street, Suite 6057 Orlando, FL 32801  
 Phone: 1-877-624-ATMS Fax: 1-866-757-2132 Email: info@convenienceatms.com

ATM ISSUE			
Terminal ID: (id # starts with a P)	Date of Request:	ATM Brand:	ATM Model:
Description of Issue:			
LOCATION INFORMATION			
Name of Location:			
Address:			
City:	State:	ZIP Code:	
Point of Contact (name and phone number):		Requested date and time for service call:	
PAYMENT METHOD			
<p><b>Pricing:</b> All service calls are charged at a rate of \$150 per service call. If the service required to get the ATM operating is left unfinished the service ticket will remain "open" and you will NOT be charged for return call(s). Once the machine is operating normally and has completed a test transaction the service call is deemed "closed" and any further service calls will be charged as a new service call.</p> <p><b>Equipment/Parts Charges:</b> If any equipment or parts are required to complete the service call these charges will be IN ADDITION to the \$150 service call fee. If requested, while the technician is still onsite he may give Customer an estimate of the cost of such parts. If the machine is still under the initial warranty period you will not be charged for the new parts as long as proof can be given that the faulty parts have been returned to the manufacturer.</p> <p><b>Authorization:</b> By signing below you are authorizing the \$150 service call fee and cost of any parts required for the repair of the ATM.</p>			
Select Payment Type: VISA ___ Mastercard ___ Discover ___ AMEX ___ ACH Electronic Payment ___ <i>** (If paying by ACH electronic payment your settlement bank account on file for ATM transactions will be debited for the service call)</i>			
Credit Card Number:			
Expiration Date:                    /		Card Code (CVV Code on back):	
Customer Signature:		Print Name:	
		Date:	
Billing Address for Credit Card:			
City:	State:	Zip Code:	Email for Receipt: