


## Partner Equipment Order Form

\*\*This form is not compatible in a Chrome web browser, please use Internet Explorer.

| Equipment   |  |  |          |       |
|---|--|--|----------|-------|
|    | Magtek uDynamo #21073092<br><br><span style="color: red;">*Andriod Only</span> | Price  | Quantity | Cost  |
|   |  |  |          |       |
| Shipping Information  |  | Total Cost Information   |          |       |
| Shipping & Handling: \$5.00 FedEx Ground<br><br>*Shipping charges are per device, for large quantity orders please call 866-290-5400 for shipping quote.<br><br>*If the destination is in Texas or California, then shipping charges are also taxable at your local rate.   |  | Quantity: <input style="width: 100%;" type="text"/><br><br>Shipping & Handling: <input style="width: 100%;" type="text"/><br><br>Equipment Cost: <input style="width: 100%;" type="text"/><br><br>*Total Amount: <input style="width: 100%;" type="text"/><br><br>*Total amount due listed above does not include applicable tax for both the device and shipping cost for items being shipped to CA or TX.        |          |       |
| Bill to Information   |  | Ship to Information  |          |       |
| Contact Name: <input style="width: 95%;" type="text"/><br>Merchant Name: <input style="width: 95%;" type="text"/><br>Forte Merchant ID: <input style="width: 95%;" type="text"/><br>Phone Number: <input style="width: 95%;" type="text"/><br>Billing Address: <input style="width: 95%;" type="text"/><br>City: <input style="width: 95%;" type="text"/><br>State: <input style="width: 95%;" type="text"/><br>Zip: <input style="width: 95%;" type="text"/>   |  | Same as Bill to:<br>Contact Name: <input style="width: 95%;" type="text"/><br>Merchant Name: <input style="width: 95%;" type="text"/><br>Phone Number: <input style="width: 95%;" type="text"/><br>Billing Address: <input style="width: 95%;" type="text"/><br>City: <input style="width: 95%;" type="text"/><br>State: <input style="width: 95%;" type="text"/><br>Zip: <input style="width: 95%;" type="text"/> |          |       |
| <p>I AM A DULY AUTHORIZED SIGNER ON THE FINANCIAL INSTITUTION ACCOUNT IDENTIFIED BELOW, AND AUTHORIZE ALL OF THE ABOVE AS EVIDENCED BY MY SIGNATURE BELOW. I (WE) DO HEREBY AUTHORIZE FORTE HEREINAFTER NAMED THE "COMPANY", TO INITIATE DEBIT ENTRIES TO MY (OUR) CHECKING ACCOUNT / SAVINGS ACCOUNT (SELECT ONE) INDICATED AND NAMED BELOW AS THE DEPOSITORY FINANCIAL INSTITUTION, HEREINAFTER NAMED "FINANCIAL INSTITUTION", AND TO DEBIT THE SAME TO SUCH ACCOUNT. I (WE) ACKNOWLEDGE THAT THE MANUFACTURER WARRANTY IS GOOD FOR ONE (1) YEAR FROM THE DATE OF PURCHASE. I (WE) ACKNOWLEDGE THAT THE ORIGINATION OF ACH TRANSACTIONS TO MY (OUR) ACCOUNT MUST COMPLY WITH THE PROVISIONS OF U.S. LAW. FURTHERMORE, IF ANY SUCH DEBITS SHOULD BE RETURNED NSF, I AUTHORIZE THE COMPANY TO COLLECT SUCH DEBIT(S) BY ELECTRONIC DEBIT AND SUBSEQUENTLY COLLECT A RETURNED DEBIT NSF FEE OF \$25.00 PER ITEM BY ELECTRONIC DEBIT FROM MY ACCOUNT IDENTIFIED BELOW.</p> |  |  |          |       |
| TRANSIT ROUTING #   |  | ACCOUNT NUMBER   |          |       |
| NAME ON THE ACCOUNT   |  | AUTHORIZED SIGNATURE   |          | DATE: |

UPON COMPLETION, PLEASE FAX THIS ORDER FORM TO 469.342.8020 or EMAIL TO ORDER@FORTE.NET