

A-ONE ATM LLC.

ATM SETUP FORM

625 Todd Road

Honea Path, SC 29654

(864) 332 – 0710 fax: (864) 332-0709

LOCATION

OWNER of ATM Name: _____ Location Name _____

Street: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: (____) _____ Fax: (____) _____

Is this a Money Services Business? Yes _____ No _____ Is this a Financial Institution? No _____ U.S. FI _____ Non-U.S. FI _____

Hours of Operation: SUN _____ MON _____ TUES _____ WED _____ THURS _____ FRI _____ SAT _____

SITE TYPE (ex. bar, restaurant, hotel) _____ Terminal Located _____ Inside _____ Outside _____

Building Type (ex. public, mobile, govt, private) _____ Restricted access? _____ yes _____ no (access control such as badge, PIN to enter)

Dedicated Camera? _____ yes _____ no Expected Monthly W/D amount/ \$\$\$ _____ Expected mthly transaction count? _____

EQUIPMENT

Terminal Manufacturer: _____ Model: _____ Serial #: _____

Terminal Software Version: _____ Firmware Version: _____

CASH SETTLEMENT

Vault Cash Bank Account Name: _____ Name of person loading cash _____

Bank Name : _____ Routing # : _____ Account # _____

Business Checking _____ Personal Cking _____ Savings _____ Frequency of cash load (ex. mthly, wkly) _____

SURCHARGE AMOUNT \$\$\$ _____ PAYMENT METHOD: _____ Daily ACH from Processor _____ Monthly Check _____

Surcharge Split

BANK ACCT NAME	ROUTING #	ACCOUNT #	CHKING/SAVINGS	AMOUNT
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TERMINAL OWNER

(Anyone with 20% or more ownership must complete a copy of this portion.)

Principal/Owner Name: _____ Date of Birth: ____/____/____ S.S.#: _____

Principal a US Citizen ? _____ If not, citizen of what country? _____

Type of business (Corporation, Proprietorship, etc) _____ % of ownership _____ Fed ID# (if applicable) _____

If Corporation, DATE of Incorporation _____/_____/_____

Principal/Owner Street: _____ City: _____ State: _____ Zip: _____

The principal/owner of the above terminal affirms that the above information is true and correct and authorizes A-One ATM, LLC, or their designee to contact references, and to obtain credit reports, OFAC reports and other such information on the Company and/or principal(s) as may be required for compliance with the Patriot Act and network regulations.

Principal/Owner (signature): _____ Date: _____