

## Merchant Card POS Terminals Order Form SunTrust Merchant Services / State of NC

### **INSTRUCTIONS**

1. This Order Form is to be completed by a participant in the Merchant Card Master Services Agreement (Contract No. 14-008474) having POS Terminal needs. This includes:
  - Ordering new POS terminals (Purchase, rent, or lease)
  - Replacing POS terminals (Replacement terminals will be Refurbished.)
2. Unless otherwise directed, all forms will be processed electronically through DocuSign.
3. In the case of supplies, the participant may contact STMS directly. Note that there is no cost for supplies, only shipping.
4. Before completing this form, the participant should educate itself regarding the various POS terminals available, to include the following:
  - Determination of procurement option desired (i.e., purchase, rent, or lease)
  - Determination if "Double Truncation" functionality is desired (cardholder number truncated on both merchant and customer copy of sales slip)
  - Determination if ECA functionality is needed (Check guarantee services - e.g., Telecheck)
  - Determination if PIN debit functionality is needed (key pad required)
  - What type of transaction volume storage is needed
  - If purchased, determine if being a proprietary terminal of First Data would be an issue
  - Acquire from STMS or from some other source
5. Information pertaining to POS terminals currently available from STMS and the pricing can be viewed at the following link:  
<https://www.osc.nc.gov/state-agency-resources/statewide-electronic-commerce-program-secp/merchant-card-program/pos-0>
6. STMS will invoice the participant directly. Payment terms are Net 30 from invoice date. Failure to meet pay timely could jeopardize the participant's continuance as a participant under the Master Services Agreement.
7. Any questions should be directed to [osc.form.merchantcard@osc.nc.gov](mailto:osc.form.merchantcard@osc.nc.gov).

### **Merchant Chain (Participant) and Merchant Outlet(s) Information**

This form pertains to equipment relating to:

Merchant Chain Name: \_\_\_\_\_

Merchant Chain Number: \_\_\_\_\_

Merchant Outlet Number: \_\_\_\_\_

Note: Chain = Participant; Merchant number = Outlet number

**Billing Information**

Indicate the address to which invoices are to be submitted.

Participant Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Attention: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email : \_\_\_\_\_

**Shipping Information**

Indicate the address to which terminals are to be shipped.

Participant Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Attention: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Other Information / Instructions**

### Equipment

Select one of the following:  Ordering **NEW** terminal/**NOT** a replacement;  Replacing an existing terminal that is owned with a **REBURBISHED** terminal;  Replacing an existing terminal being rented or leased with a **REBURBISHED** terminal (Will be requesting a 'Call Tag' to return)

Equipment Type (e.g., terminal, pinpad)	Purchase / Rent / Lease	Quantity	Name & Model	TID of Terminal Being Replaced

### TransArmor

Encryption & Tokenization product offered by First Data. List of TransArmor Certified Devices can be found at

<https://www.osc.nc.gov/state-agency-resources/statewide-electronic-commerce-program-secp/merchant-card-program/transarmor-0>.

Please add TransArmor to the requested equipment on this document:

YES                       NO

**Required Signature – Authorized Procurement Officer**

Completion and submission of this form indicates that all applicable procurement requirements are being adhered to, and that funds are available to support the purchase / rental / lease.

Participant Name: \_\_\_\_\_

Procurement Officer: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For OSC Use Only**

**For STMS Use Only**