

| To be filled out by End User (End User is who stocks the kiosk and is responsible for payment terminal set up.) | |
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| PO Number | |
| Company Name | |
| Address | |
| Contact Person | |
| Phone Number | |
| Email Address | |
| Who will be the Single Point of Contact to set up the Banking information? | |
| - Name | |
| - Phone Number | |
| - Email Address | |
| Who will be the Single Point of Contact for training of the Instant Systems Dashboard? | |
| - Name | |
| - Phone Number | |
| - Email Address | |

| To be filled out by Dealer | |
|-----------------------------------|--|
| PO Number | |
| Company Name | |
| Address | |
| Contact Person | |
| Phone Number | |
| Email Address | |
| Who is the Rep Group Contact? | |
| - Name | |
| - Company | |

| To be filled out by Rep Group Contact | |
|--|--|
| Credit Card Terminal (Payter, Castles, Cantaloupe) | |
| Closed Loop (Transact, CBORD, Atrium, etc.) | |
| License Fee (Flat Rate - \$100/month or Variable Rate - 4.9% of sales) | |
| Internet Connection (Ethernet or Cellular) | |
| Scanner (Barcode or RFID) | |

| To be filled out by Structural Concepts' OMS team | |
|--|--|
| SCC Order # | |
| Requested Ship Date | |