

ARM Form

<i>To be filled out by End User</i>	
PO Number	
Company Name	
Address	
Contact Person	
Phone Number	
Email Address	
Who will be the Single Point of Contact to set up the Payment System?	
- Name	
- Phone Number	
- Email Address	
Who will be the Single Point of Contact for training of the Instant Systems Software?	
- Name	
- Phone Number	
- Email Address	

<i>To be filled out by Dealer</i>	
PO Number	
Company Name	
Address	
Contact Person	
Phone Number	
Email Address	

<i>To be filled out by Structural Concepts' OMS team</i>	
SCC Order #	
Ship Date	
Quantity	

<i>To be filled out by Structural Concepts' Success Management team</i>	
Payment Terminal Type	
Quantity	

*****Please note: PO, ARM form, and VAR Sheet (see Attachment C) required to start production.**