



P Account #

ATM Order Form

Fax this completed form to: 818.702.0027

Business Name: _____

NationalLink



Notes: _____

ATM Trader

Credit Card Payment Option:

Card Type	Please complete:	Amount _____
Visa	Card # _____	
Master Card	Name on Card _____	
Amex	Exp Date ____ / ____	Security Code _____
Discover	Billing Address _____	

ACH Option:

ACH my account - Authorization for Automated Clearinghouse (ACH) Debit		
1 ST Amount: _____	2 ND Amount: _____	3 RD Amount: _____
_____	_____	_____
Bank Name	Routing Number (9 digits)	Account Number
<p><i>1st amount - down payment or FULL payment</i> <i>2nd amount -balance (with approved pay terms)</i> <i>3rd if necessary</i></p>		
 ATTACH ACH / PAYMENT CHECK HERE 		

Personal / Business Check Option:

Please attach your check above for this option

By signing below, I hereby authorize NationalLink, Inc. to debit, charge, ACH and/or collect payment for the ATM equipment or supplies I purchased. Any terms with the sales agreement may be included with this purchase form.



X _____
Authorized Signature

Printed Name

*Please note sales tax is applicable in certain states
Pay Plans extended with qualifying credit score - not to exceed 90 days or 3 payments.*