



TEXAS A&M

# HEALTH SCIENCE CENTER

## New Location Request

**Location Name:** \_\_\_\_\_

**Location Address:** \_\_\_\_\_

\_\_\_\_\_

**Location Contact:** \_\_\_\_\_ **Location Phone:** \_\_\_\_\_

**Statement Address:** Texas A&M Health Science Center  
Attn: Pat Gilbert  
301 Tarrow Street, 6<sup>th</sup> Floor  
College Station, Texas 77840

**Estimated Sales Volume:** \$ \_\_\_\_\_ **Est. Avg. Ticket:** \$ \_\_\_\_\_

**Card Types:** Please check card types to accept:

Visa/MasterCard \_\_\_\_\_

American Express \_\_\_\_\_

Discover \_\_\_\_\_

### Equipment Requirements:

1. Do you require a new terminal for processing? (Pricing dependent on model requirements; quote will be obtained from processor upon request.)

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

2. Is a manual imprinter required? Manual printers are required for imprinting sales drafts during downtime of terminal, or when printer is not operational on terminal. The cost of the imprinter is \$30.00.

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

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- 3. Warranty required? A warranty will provide customer service and maintenance on all equipment. In the event that your equipment should fail, a replacement device will be sent to you at no additional cost, and within 24 hours.

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

- 4. Please indicate below the account number service charges will be applied to:

\_\_\_\_\_

If you have any questions, or do not understand any of the above please phone Pat Gilbert at (979) 458-7265

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

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

Equipment ship to address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Merchant Contact Person: \_\_\_\_\_

Merchant Phone: \_\_\_\_\_

**Please forward to Pat Gilbert at HSC Finance & Administration for processing.  
Phone: (979)-458-7265 Fax: (979)-458-7279**

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