



Demo Request Form

Please enter your information below so we can setup your demo

Company

Primary Contact Information

First Name

Last Name

E-mail

Phone

Job Title

Address

Address (Line 2)

City

State

**ZIP
Code**

Type of Business

Storefront/Retail

Restaurant/Bar/Cafe

**Type Credit Cards Currently
Accepted**

**Visa
Amex
Other**

**Mastercard
None**

Discover

Do you currently have a Computerized POS System installed?

If yes, how many years?

Yes No

How many terminals are needed?

single

2 to 4

5 or more

Best Time of day to Call

**8 to 10 AM
2 to 4 PM
Other**

**10 to 12 Noon
4 to 6 PM**

**Noon to 2 PM
6 to 8 PM**