



Business Profile

General Contact Information

Legal Name	
DBA Name	
Address	
City, State, Zip	
Store Phone	
Owner Name	
Owner Cell	
Owner Email	

Main Contact (if different than owner)

Name	Phone	Email	Role (Title)

Additional Contacts

Name	Phone	Email	Role (Title)	Allow to Create Support Tickets?
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Important Note:	Please confirm that you have or will have a wired internet connection and a power plug at each location where POS terminals will be installed	Initials: _____
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Credit Cards	
Interested in Integrated World Pay Processing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Existing Business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If applicable, submit statements to: bethd@pomodosoftware.com or your Sales Rep</p> <p>(If new business, you will be set up on our best new business rate)</p>	

Gift Cards	
How are you taking Gift Cards?	<input type="checkbox"/> Electronic <input type="checkbox"/> Paper <input type="checkbox"/> None

Pricing	
Do you have any additional taxes besides PA Sales Tax in your Area	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain	

Other	
Do you ever need to print out full page receipts?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Point of Contact Details	
This section will ensure that we know who to contact for specific information needed. Please enter contact name and we will contact them using the information provided above	
Person who will be doing data entry	
This is the person who will be entering your pricing and product info	
Contact:	
Billing Contact	
This is the person we should contact for any questions regarding billing	
Contact:	

When would you like your system delivered?	
<input type="checkbox"/>	ASAP
<input type="checkbox"/>	2-3 Weeks (Standard)
<input type="checkbox"/>	30-60 Days
<input type="checkbox"/>	60+ Days