



www.GotCashATM.com
ICAN Communicate! LLC
 206 Miami Street, Park Forest, IL 60466
 (866) 386-3499 / Fax (773) 321-6967
 atm@gotcashatm.com

Cashless ATM Scrip Agreement

Store Information (Where terminal will be located)

Store Name	Store Phone () -	Store Fax Phone () -
Store Address	City	State Zip
Equipment Type (Circle one) ~ Counter ~ Drive Thru	Terminal Serial I.D#	Owner or store's e-mail address
Does you phone line require dialing a # 9 , before making an out going call (Circle one) ~ yes ~ no		
Comments :		

Corporate Information (Information which is on the corporate check)

Corporate Name	Tax ID#	Corporate Phone() -
Corporate Address	City	State Zip

Owner Information (Contact information)

Owner Name	SSN#	Home Phone () -
Home Address	City	State Zip

Billing Information (For the Processor)

Quick keys \$ 20.00	Quick keys \$ 40.00	Quick keys \$ 60.00	Quick keys \$ 80.00	Quick keys \$ 100.00	Quick keys \$ 120.00	Max Amount \$ 200.00
Total Surcharge Amount \$ 2.00		Merchant Split 0.50 ¢		Monthly Network / Statement \$10.00		
Equipment Type		Nurit 2085 plus w/built in Pin Pad				

Merchant # _____ Serial # _____ Processor _____

AUTHORIZATION FOR ACH OF TRANSACTION CREDITS AND CHARGES

By attaching an original or faxing a copy of a voided check and signing below, the Merchant authorizes ICAN Communicate! LLC's bank and/or processor to ACH all credit or debit fees owed to or owned by ICAN Communicate! LLC, within the provisions of this contract, to the bank account indicated on the voided check or any subsequent account merchant submits. This authority will remain in full force and effect as long as the provision of this contract is in effect.

Name of Bank	Branch	Phone
Bank Address		
Routing or ABA Number	Account Number	

Merchant Signature _____ Date _____



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Information / Surcharge Breakdown

This form is used to break down the surcharge and assign payees at the processor.

Location Name:			
Location Address:			
City:	State:	Zip:	
Mailing Address:			
City:	State:	Zip:	
Contact Name / Title:			
Business Phone: () -		Alternate Phone: () -	
Type of Business: -select one-			
ATM Make / Model: -select one-		Time Zone: -select one-	
Download Registration: \$30		Paid by Name: Merchant	
Monthly Service Fee: \$10		Paid by Name: Merchant	
Maximum Withdrawal: \$		Total Surcharge: \$2	
Surcharge Split Accounts:			
\$	Ac Name:	Rt #:	Ac #:
\$	Ac Name:	Rt #:	Ac #:
\$	Ac Name:	Rt #:	Ac #:
\$	Ac Name:	Rt #:	Ac #:
\$	Ac Name:	Rt #:	Ac #:
ISO Information:			
Iso Name:		Phone #: () -	Fax #:() -
E-mail:		Aba #:	Ac #:

