



## Gift Card Setup Form

### General Information

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

Merchant Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

### POS Software

Point of Sale (POS) Software: \_\_\_\_\_  
(i.e. Aloha, eProcessing Network, Maitre'd, Micros, Positouch)

Flavor: \_\_\_\_\_ Version: \_\_\_\_\_  
(i.e. Table Service, Quick Service, 3700, 9700, E7) (i.e. v4.0, v5.23, v6.1)

Operating System: \_\_\_\_\_ Method of Communication: \_\_\_\_\_  
(i.e. Windows 98, NT, 2000, XP, Vista,) (i.e. TCP/IP, Dial-Up)

Number of Front of House (FOH) terminals to be installed: \_\_\_\_\_

### POS Vendor

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Vendor Phone: \_\_\_\_\_ Vendor Fax: \_\_\_\_\_

### Please return completed form to:

Rob Smith  
Manager Technical Support  
Secure Payment Systems  
9665 Granite Ridge Drive, Suite 440  
San Diego, CA, 92123

Phone: (858) 549.9001 x310  
Fax: (614) 448-0244  
Email: [rsmith@securepaymentsystems.com](mailto:rsmith@securepaymentsystems.com)

**\*NOTE:** Please fax or email completed gift card setup form for expedited registration. Registration usually takes 24-48 hours. Once registered, you will be contacted to schedule installation and training. Please feel free to call or email with any questions/concerns.