



Comstar for QuickBooks Request Form *“For Existing Merchants Only”*

| Sales Office Information | | | |
|---|------------|----------------------------|--------------|
| Last Name | First Name | Office Number | |
| Telephone | | E-Mail Address | |
| Merchant Information | | | |
| Merchant DBA (Required) | | Merchant Number (Required) | |
| Contact Person (Required) | | Email Address (Required) | |
| Telephone (Required) | | Facsimile | |
| Street Address (Required) | | City | State ZIP |
| QuickBooks Version Used <input type="checkbox"/> Pro <input type="checkbox"/> Premier <input type="checkbox"/> POS <input type="checkbox"/> Windows XP <input type="checkbox"/> Vista <input type="checkbox"/> Enterprise Edition _____(year) | | | |
| Processor/Platform <input type="checkbox"/> Nashville | | | |
| Fees | | | |
| One-Time License Fee *to be charged by agent \$ | | Monthly Access Fee \$ | |
| Comments: <div style="display: flex; justify-content: space-between; border-top: 1px dashed black; margin-top: 20px;"> <div style="width: 60%; text-align: center;"> _____ Signature of Authorized Principal (As specified on the Merchant Application and Agreement) </div> <div style="width: 30%; text-align: center;"> _____ Date </div> </div> | | | |
| Accepted by iPayment | | | |
| Last Name | First Name | Initials | |
| Please fax request form to: (800) 566-8528 | | | |