	Delivery an	Exhibit D nd Acknowledgement Form			
Relationship code		Quote or App number			
Merchant Number	rchant Number Sales Rep				
Principal/Principal Guarantor Name:					
erchant Business phone Merchant Contact Phone		Merchant Contact Phone			
Term Payment	Total # of assets	Equipment Description			
Merchant Name					
Location of Equipment:					
Street address		County	City	State	Zip
Equipment information:					
Make/model	Seria	Serial Number		Delivery Date	
Make/model	Seria	Serial Number		Delivery Date	
Make/model	Serial Number		Delivery Date		
_	ebit each month. You will n ill be assessed for each day				e your
Merchant in		CERTIFY THAT: gible driver license, state ID or passport	required		
The equipment I have request	ed has been delivered tc	o my business location			
I have received a copy of my S	ubscription Agreement				
I have read and understand the	e terms and conditions of	of the Subscription Agreement			
I understand that this subscrip	otion is NON-CANCELABL	E for the full term			
My business subscription paym same day each month during t		lly deducted from my designated bu ion agreement	isiness checking acc	count on the	
I agree to the total number of	pieces of equipment con	ntained within the Subscription Agre	eement		

Title

** Please note that FDMS reserves the right to perform verbal verification calls at our discretion for quality assurance purposes.