

ARM Form

To be filled out by End User	
PO Number	
Company Name	
Address	
Contact Person	
Phone Number	
Email Address	
Who will be the Single Point of Contact to set up the Payment System?	
- Name	
- Phone Number	
- Email Address	
Who will be the Single Point of Contact for training of the Instant Systems Software?	
- Name	
- Phone Number	
- Email Address	

To be filled out by Dealer	
PO Number	
Company Name	
Address	
Contact Person	
Phone Number	
Email Address	
Who is the Rep Group Contact?	
- Name	
- Company	

To be filled out by Structural Concepts' OMS team	
SCC Order #	
Requested Ship Date	

To be filled out by Structural Concepts' Success Management team	
Merchant of Record	
Payment Terminal Part #	
Acquirer	
Closed Loop	
License Fee	
Internet Connection	