

TELECHECK® SERVICE REQUEST FORM

Please complete and fax this form to the desired UniNet Regional Sales Office below.

Today's Date: _____

CUSTOMER INFORMATION

Company Name: _____ UniNet Customer ID #: _____

Contact Name: _____

Telephone (Important): _____ Fax (Important): _____

Street Address: _____

City: _____ State or Province: _____

Postal Code: _____ Country: _____

CHECKHOLDER INFORMATION

Amount of Order: _____

MICR Line (Routing and Account number shown at bottom of check): _____

Type of Check: () Personal () Company Check: Check #: _____

Tax ID Number: _____

For personal checks, you may use your complete driver license number as the Tax ID number.

NOTE: A 2% charge will be applied if order is paid for by Telecheck®

UNINET SALES & DISTRIBUTION OFFICE FAX NUMBERS

U.S. WEST COAST
Fax + 1-424-675-3400

CANADA
Fax + 1-866-935-8120

PHILIPPINES
Fax + 63-2-5843150

MEXICO
Fax + 52-722-319-4791

PERU
Fax + 51-1-471-9272

U.S. EAST COAST
Fax + 1-888-791-9188

EUROPE
Fax + 34-93-741-4166

ARGENTINA
Fax + 54-11-4574-3706

COLOMBIA
Fax + 57-1-4185094

INTERNATIONAL
Fax + 1-424-675-3404

UNITED KINGDOM
Fax + 44 (0) 1256-814445

BRAZIL
Fax + 55-11-4822-3353

VENEZUELA
Fax + 58-241-824244