

Terminal ID:

EXHIBIT A

DATASTREAM, INC.

Terminal Setup Info

Location Name _____	New Terminal <input type="checkbox"/> Terminal Change <input type="checkbox"/>
Address _____	Type Of Change _____
City _____	Machine Type _____
State _____ Zip Code _____	Surcharge \$: <input type="text"/> Serial # _____
Location Type _____	Location Contact _____
# Of Dispensers _____ Type Of Bills _____	Location Phone _____
	Terminal Phone _____

Terminal ACH Distribution

Cash Replenishment Account

Bank Name	Routing #	Account #	Type

Surcharge Accounts

Bank Name	Routing #	Account #	\$ Amount	Type

Interchange Account

Bank Name	Routing #	Account #	Type

ISO: _____

Authorizing Signature: _____

Form Completed By: _____

Please Fax All Setup Forms Directly To Datastream @ (818) 957-5482.
 Please Include A Signed Exhibit C Form (Bank Authorization Form) & Voided Check For Each Account Listed Above.
 A Signed Bank Letter Can Be Used In Place Of A Voided Check If One Is Not Available.
 All Exhibit C Forms Must Be Signed By The Account Holder.
 For Questions Concerning The Completion Or Use Of This Form, Please Contact Carrie @ (877) 500-0002 Ext. 12.