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Equipment Requisition Form

Agent Name: _____

Date: _____

Merchant Name: _____

Merchant ID: 3899 _____

Merchant Address: _____

Merchant Telephone: _____

Ship to: _____

(If different from above)

Equipment	Qty	Price	Total
1.			
2.			
3.			
4.			
5.			
		Total	\$

Please charge: Agent _____ Merchant _____

Payment Preference: Credit Card _____ ACH _____

Shipping Preference: Ground _____ 2nd Day _____ Overnight _____

Card Number: _____ **Exp Date:** _____ **CVV2:** _____

Agent/Merchant Signature: _____