



CREDIT CARD TERMINAL RENTAL FORM

Office of Revenue, Receivable and Cashiering Services

Phone: 404-413-3251 Email: cashier@gsu.edu

REQUESTER INFORMATION

Name: _____ Department: _____
Email: _____ Phone: _____
Date requested: _____ Fax: _____

EVENT PROFILE: (Describe the event, location and for what the customer will be paying)

ACCOUNTING INFORMATION:

(Speedtype + Account Number) to use for credit card expenses: _____

Rental Period:

Please list the starting rental date which includes the pick-up date and the date of return.

Rental Pick- up Date _____ Rental Return Date: _____

Rental Pickup Location:

From which campus(es) will the terminal(s) be picked up? Please mark the box(es) next to the campus(es).

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Atlanta (Downtown) | <input type="checkbox"/> Alpharetta |
| <input type="checkbox"/> Clarkston | <input type="checkbox"/> Decatur |
| <input type="checkbox"/> Dunwoody | <input type="checkbox"/> Newton |

Security Awareness Training:

List names of each employee who will be using the terminal and indicate if they have completed the Security Awareness Training

Employee Name	Security Awareness Training			
	NO	Date Scheduled	YES	Date Completed

DEPARTMENTAL APPROVALS

Signature of Business Manager: _____ Date: _____

Signature of Dept. Approver: _____ Date: _____

TERMINAL INFORMATION

(For RRCS Use Only)

Terminal Type:

Terminal S/N:

Terminal Accessories:

Terminal Date(s):

EQUIPMENT RENTAL AGREEMENT:

The first rental day of the contract begins on the date listed as "Pick Up". The last rental day is the day prior to the date on which the equipment is returned. **Loss of or Damage to Equipment:** You are responsible for loss, damage or destruction of the Equipment, including but not limited to losses while in transit, while loading and unloading, while at any and all locations, while in storage and while on your premises, except that you are not responsible for damage to or loss of the Equipment caused by our sole negligence or willful misconduct. You will take reasonable precautions regarding the use of the Equipment to protect all persons and property from injury or damage. **Return of Equipment:** We have tested the Equipment in accordance with reasonable industry standards and found it to be in working order and all leased equipment must be returned in the condition in which it was released.

PLEASE NOTE:

*Please allow **3-5 business days** for the University Cashier's Office to complete your request. The requester will receive a notification email when the equipment is ready for pick-up. Please bring this form to the Cashier's Office to pick up equipment. **Only** the requester may pick up the equipment. The requester's Panther ID card must be presented for verification at the time of pick up.*

Signature and Date Required Below:
(To be signed at time of pick-up)

Printed Name: _____ **Date:** _____

Signature: _____ **Date:** _____

Returned Equipment:

(Sign only if equipment has been returned)

Equipment Returned by:

Print name: _____ Date: _____

Authorized Signature: _____ Date: _____

For RRCS Use Only:

Date Issued:	Issued By:	Equipment Returned Date:	Received By: