

Clover Provision Request



Office Number: _____ Agent Number: _____ Sales Representative Number: _____

Agent Name: _____ Agent Contact #: _____

One form must be submitted per MID and per request.

Reprovision Deprovision

BEFORE THIS FORM IS SUBMITTED, PLEASE ENSURE THE FOLLOWING:

- 1) For new account submissions, identify the Clover equipment and indicate Customer Owned on the MPA. Complete and submit this form to: Paysafe at: downloadrequests@paysafe.com; or PCS at: accountupdates@pcs4fuel.com along with the Clover addendum.
- 2) For existing merchants, complete and submit this form, along with the Clover addendum to: Paysafe at: downloadrequests@paysafe.com; or PCS at accountupdates@pcs4fuel.com.
- 3) Ensure there is no processing on device(s) being provisioned. Any open batches must be closed and settled.

Original Clover Owner's Information

Original Clover Owner's MID*	Original Clover Owner's DBA*	Device Type*	Qty*
_____	_____	<input type="checkbox"/> Station Duo <input type="checkbox"/> Station Solo <input type="checkbox"/> Mini <input type="checkbox"/> Flex <input type="checkbox"/> KDS <input type="checkbox"/> Kiosk <input type="checkbox"/> Compact <input type="checkbox"/> Flex Pocket	_____
_____	_____	<input type="checkbox"/> Station Duo <input type="checkbox"/> Station Solo <input type="checkbox"/> Mini <input type="checkbox"/> Flex <input type="checkbox"/> KDS <input type="checkbox"/> Kiosk <input type="checkbox"/> Compact <input type="checkbox"/> Flex Pocket	_____
_____	_____	<input type="checkbox"/> Station Duo <input type="checkbox"/> Station Solo <input type="checkbox"/> Mini <input type="checkbox"/> Flex <input type="checkbox"/> KDS <input type="checkbox"/> Kiosk <input type="checkbox"/> Compact <input type="checkbox"/> Flex Pocket	_____
_____	_____	<input type="checkbox"/> Station Duo <input type="checkbox"/> Station Solo <input type="checkbox"/> Mini <input type="checkbox"/> Flex <input type="checkbox"/> KDS <input type="checkbox"/> Kiosk <input type="checkbox"/> Compact <input type="checkbox"/> Flex Pocket	_____
_____	_____	<input type="checkbox"/> Station Duo <input type="checkbox"/> Station Solo <input type="checkbox"/> Mini <input type="checkbox"/> Flex <input type="checkbox"/> KDS <input type="checkbox"/> Kiosk <input type="checkbox"/> Compact <input type="checkbox"/> Flex Pocket	_____

Device Serial #*	Peripherals (if applicable)	Peripheral Serial #s (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Platform:* Nashville Omaha Auto Close Required:* Yes No If Yes, Time: _____

Menu: Yes No Menu URL: _____ Menu Hard Copy (include with this form)

Software (Choose One):* Payments^{1 2} \$0.00 up to one device; \$7.95 per device after Essentials^{1 2} \$29.95 first device; \$19.95 per device after

Retail Growth¹ \$84.95 first device; \$19.95 per device after Services Growth¹ \$84.95 first device; \$19.95 per device after

Restaurant Growth¹ \$89.95 first device; \$19.95 per device after

¹ All fees are billed through the Clover App Market.
² Payments and Essentials are not available on Clover Stations.

New Merchant Information

MID: _____ DBA: _____

CONTACT: _____ PHONE: _____

EMAIL: _____ BEST TIME TO CALL: _____ TIME ZONE: _____

Agent Name (Print):* _____

Agent Signature:* _____ Date:* _____

* Required Information