

QUICK TECHNOLOGIES INC CREDIT CARD PROCESSING

COMPANY INFORMATION

COMPANY _____

YOUR NAME _____ TITLE _____

MAILING ADDRESS _____

CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____

PHONE (_____) _____ FAX (_____) _____

EMAIL _____

WEB ADDRESS _____

SHIPPING INFORMATION (if different)

SHIPPING ADDRESS _____

CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____

CREDIT CARD PROCESSING

QTI Payment Processing - FREE use of our Virtual Terminal

CUSTOMER AGREEMENT

Please read the SAGE Customer Agreement (rev 7.0) (“Agreement”) located at www.sageworld.com/legal. Your signature below indicates your acceptance of the entire Agreement on behalf of the company identified above and your representation that you have the authority to bind such company to the Agreement. If you cannot access or read the Agreement for **any reason**, please call us **before you sign** and we will provide you with a copy.

Signature _____ Title _____

Printed Name _____ Date _____



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