PAPER ROLL ORDER FORM

Print Name and Title				
Account Owner Signature		Date		
Undersigned represents and warrants signatory on the Account above and al true and correct				
City ST / Zip	Account Type Checking Account avings Account			
Street Address	Account Number	er		
Financial Instituiton Name	Routing and transit Number			
	eement will be affected through the FEMENT ACCOUNT INFORMATION ompanied by a Printed Voided che		mated	
The undersigned authorizes AIMS A 1. DAILY TRANSACTION SETTLEMENT 2. SET 4. ADJUSTMENTS 5. INCOME DISTRIBUTION		:S	OLL SHIPPING	
PAYMENT TYPE (PLEASE SELECT ONE)	CHECK DEBIT FROM A	ACCOUNT		
		BALANCE DUE	\$20.57	
		SALES TAX	\$1.57	
L	<u> </u>	SUBTOTAL	\$19.00	
FREIGHT CHARGE		\$19.00		
RECIEPT PAPER ROLLS		\$0.00		
EQUIPMENT	ATM MODEL	UNIT PRICE		
ADDRESS	s		PURCHASE ORDER NO	
IP TO		TEL. NO		