Donation Point Tap (AU)

Service Change Request Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Customer Details | | | | | | | | | | | | | | |
| Customer/Trading Name: Click or tap here to enter text. | | | | | | | | | | | | | | |
| Merchant Number: Click or tap here to enter text. | | | | | | | | Terminal ID: Click or tap here to enter text. | | | | | | |
| **I/We wish to request the following service change:** | | | | | | | | | | | | | | |
| Deactivate Terminals\* | | | Reactivate Terminals\*\* | | | | | | Cancel Facility\*\*\* | | | | | |
| \*No charge to deactivate terminals | | | | | | | | | | | | | | |
| \*\*Reactivation requests will attract a service charge of $15.00 + GST per terminal | | | | | | | | | | | | | | |
| \*\*\*Request to deactivate all terminals will also cancel your Merchant Facility (if Quest provided). If you have arranged your Merchant Facility directly with your bank, please contact them directly to cancel. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Terminal Details | | | | | | | | | | | | | | |
| Please list the serial number of the terminals subject to this service change: eg. 2700XXXX | | | | | | | | | | | | | | |
| Click or tap here to enter text. |  | Click or tap here to enter text. | | | | |  | Click or tap here to enter text. | | |  | Click or tap here to enter text. | | |
| Click or tap here to enter text. |  | Click or tap here to enter text. | | | | |  | Click or tap here to enter text. | | |  | Click or tap here to enter text. | | |
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| Click or tap here to enter text. |  | Click or tap here to enter text. | | | | |  | Click or tap here to enter text. | | |  | Click or tap here to enter text. | | |
|  |  |  | | | | |  |  | | |  |  | | |
| \*Please attach an additional sheet if required | | | | | | | | | | | | | | |
| Do you use Quest provided 3G SIM Card? | | | | | Yes | | | No (if no, please contact your provider to cancel your service) | | | | | | |
|  | | | | | | | | | | | | | | |
| Cancellations | | | | | | | | | | | | | | |
| Please indicate reason for cancelling your service: | | | | | | | | | | | | | | |
| Technical Issues | | | Unable to deploy terminals | | | | | | | Not generating revenue | | | | |
| Other (please specify) | Click or tap here to enter text. | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Reactivations | | | | | | | | | | | | | | | |
| Please indicate if your Direct Debit account details have changed: | | | | | | | | | | | | | | | |
| No | | | | Yes (if yes, a new Direct Debit Request form will need to be completed) | | | | | | | | | |
|  | | | |  | | | | | | | | | |
| Signatures Merchant/Director | | | | | | | | | | | | | | |
| Signature: | | | | | |  | Signature: | | | | | |
| Name (in Block Letters): | | | | | |  | Name (in Block Letters): | | | | | | | |
| Date (dd/mm/yyyy): | | | | | |  | Date (dd/mm/yyyy): | | | | | | | |