

Clover Provision Request

FOR OFFICE USE ONLY

Agent

Name:

Agent ID:

Agent Phone

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: downloadrequests@paysafe.com, PCS: accountupdates@pcs4fuel.com along with the Clover addendum.
- 2) For existing merchants, complete and submit this form, along with the Clover addendum to Paysafe: downloadrequests@paysafe.com, PCS: 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*

☐ Station Duo ☐ Station Solo ☐ Mini ☐ Flex ☐ KDS

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Device Serial #*

Peripherals (if applicable)

Peripheral Serial #s (if applicable)

Platform*:

☐ Nashville

☐ Omaha

Autoclose Required*: Yes, time: _____

☐ No

Menu:

☐ Yes ☐ No

Menu URL: _____

☐ Menu Hard Copy (include with this form)

When you provide the menu for the menu build, it will be uploaded to the new merchant's dashboard. Once the menu build is complete, it will load to the device once activated. If they have already activated, the merchant will need to sync their device to pick up the menu.

Software (Choose One)*:

☐ Payments^{1 2} \$0.00 up to one device; \$7.95 device after ☐ Essentials^{1 2} \$14.95 first device; \$11.95 device after

☐ Register¹ \$49.95 first device; \$19.95 device after

☐ Counter Service Restaurant – QSR¹ \$59.95 first device; \$19.95/device after

☐ Table Service Restaurant – FSR¹ \$89.95 first device; \$19.95/device after

¹All fees are billed through the Clover App Market

²Payments 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

CLOVER PROVISION REQUEST 07.2024