Heartland

Change of POS Reseller Request Form

Restaurant/Merchant Name

Address

City | State | Zip Code | Country

Telephone Number | Email Address

Name of Heartland POS system installed at this location

Current Reseller Name | Reseller Contact Name

Reason for the Change Request

Name of New Reseller Requested

The statements and information provided in this application and in any attached documents are true and complete to the best of my knowledge. I also understand the following:

- Information submitted in this guide will be treated discreetly by Heartland
- Inaccurate and/or false information may be grounds for Heartland to terminate any future contractual agreements.
- Heartland may contact any person or business outlined in this application for the purpose of verifying the information submitted.

By signing this document I do hereby authorize any such person or business referenced herein to release any information via telephone, FAX or mail to Heartland which they require to effect such verification.

Printed name of Owner

Owner Signature | Date