

NC STATE UNIVERSITY

University Controller's Office

Point-of-Sale Disposal Form

Submit this completed form with the Point-of-Sale Terminal/Equipment ready for disposal to Merchant Services in the Controller's Office. There is a flat \$10 fee per terminal.

Merchant Name: _____

12 Digit Merchant Number: _____ Terminal ID Number: _____

(The 12 Digit Merchant Number and Terminal ID number are listed on a label on the terminal)

Equipment Type: _____ If other, Please Specify: _____

Equipment Name: _____ If other, Please Specify: _____

Equipment Model Number: _____ If Other, Please Specify: _____

Equipment Serial Number: _____

Department Name: _____

Equipment Location: _____

Department Address: _____

Contact Name: _____

Contact E-mail Address: _____

Contact Phone Number: _____

Date Sent for Disposal: _____

Signature of Contact: _____

Signature of Individual Moving Property: _____

Date of Disposal: _____

Merchant Services Signature: _____