

**NC STATE UNIVERSITY**

**Wireless Credit Card Machine Rental Agreement**

Contact Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
EmailAddress: \_\_\_\_\_  
Event Name: \_\_\_\_\_ EventDate(s) \_\_\_\_\_

Terms of Agreement

The Controller's Office agrees to allow you to use equipment for the purpose of collecting monies via credit card under the following conditions. The persons needing the equipment agree to pay a 3% fee of the total sum of transactions processed through the machine(s). The system will accept Visa, MasterCard, American Express and Discover. The renter will be required to pick up the equipment and return the equipment. Rental period is defined as 5 business days. Equipment not returned by the 5<sup>th</sup> business day will incur a \$20 daily late fee. All Cashiers will be required to complete Credit Card Security Training prior to checking out the equipment. There are to be NO GIFTS/DONATIONS taken on the terminals without FAI approval- Sale of goods transactions only.

The renter will be responsible for submitting any cash, coins, and checks to the Cashier's Office. A signed copy of the credit card receipt needs to be retained for our records. The renter will submit all credit card receipts, the daily batch total receipt, and the equipment to the Controller's Office Accountant at the end of the event. All equipment must be stored in a locked and secure area when not in use. Equipment can be collected from and returned to the Controller's Office in Administrative Services II, Monday-Friday between the hours of 8AM and 5PM.

*Renters are responsible for all returns processed through the machines.*

*Renters/Departments will be responsible for the replacement cost of the device if the device is lost or stolen while in their possession.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*by signing you are responsible for returning the equipment in working order or replacing said equipment*

Cashier Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payment Information

Revenue will be posted to the Financials minus rental fees. Departments are responsible for all sales tax.

Project Number (Ledger 6 projects require FAI Approval): \_\_\_\_\_

FAI Approval \_\_\_\_\_

Account Number: \_\_\_\_\_

Accountant's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Department: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rental Period Begins: \_\_\_\_\_ Rental Period Ends: \_\_\_\_\_