EVENT:		
PICK UP DATE:		
DEPARTMENT CONTACT AND EXT:		

Printed Name





Mobile Credit Card Equipme	nt Agreement (LC	<u>SC CO 1)</u>
equipment that I am taking into my p Controller's Office no later than	(Date & Time)	tment and understand that the credit card processing the Controller's Office and must be returned to the ed to me as of the date of this agreement and are in
	n which they were rece	all of these items are not returned to the ived, the replacement cost for said item(s) will be
1 0	the processing fees for	EMV transactions or 3.5% plus \$0.15 for manually any transactions processed by my department
 One iPad 16GB Wi-Fi - \$33 Carrying Case - \$12 Protective Case - \$26 Square EMV Card Reader Micro USB charging cable Cost to replace ALL equipme 	- \$75 - \$15	
Check One ☐ I will remain connected to the ☐ I will not have access to the "		ed Wi-Fi network at all times. Wi-Fi network and will use Offline mode.
Authorized Department Signature		
Printed Name	Signature	Date
Controller's Office Signature Relea	asing Equipment:	

Signature

Date