EVENT: _____

PICK UP DATE: _____

DEPARTMENT CONTACT AND EXT:

_____

LEWIS-CLARK STATE COLLEGE

Square

Mobile Credit Card Equipment Agreement

I am an authorized individual to sign on behalf of my department and understand that the credit card processing equipment that I am taking into my possession belongs to the Controller's Office and must be returned to the Controller's Office no later than _____.
(Date & Time)

I confirm that all of the items listed below have been provided to me as of the date of this agreement and are in good working condition. Furthermore, I agree that if any or all of these items are not returned to the Controller's Office in the condition in which they were received, the replacement cost for said item(s) will be charged to _____.
(15-digit account number required)

I understand that the processing fees are 2.75% for swiped/EMV transactions or 3.5% plus $0.15 for manually entered transactions. I agree to have the processing fees for any transactions processed by my department charged to _____.
(15-digit account number required)

Equipment & Replacement Cost

- One iPad 16GB Wi-Fi - $330
- Carrying Case – $12
- Protective Case – $26
- Square EMV Card Reader – $75
- Micro USB charging cable – $15

Cost to replace ALL equipment - $458.00

Controller use:
Blue iPad ☐
Red iPad ☐

Check One

☐I will remain connected to the "WarriorStaff" secured Wi-Fi network at all times.
☐I will not have access to the "WarriorStaff" secured Wi-Fi network and will use Offline mode.

Authorized Department Signature:

_____	_____	_____
Printed Name	Signature	Date

Controller's Office Signature Releasing Equipment:

_____	_____	_____
Printed Name	Signature	Date