ATM/Bitcoin Info Sheet

Date: _____ /_____ / _____

Sales Rep: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact name: _____Phone: _____

Equipment Type: ATM Bitcoin Bitcoin only

Surcharge: _____

Surcharge Split: 1)_____ Daily Monthly

2)_____ Daily Monthly

Monthly Transactions:_____

Denomination: _____

Vault: ATM First Merchant

Bitcoin

Location Commission: _____

Type of Business:_____

Foot Traffic:_____

Avg Monthly revenue: _____

Reason this is a good location: _____

_____

_____

_____

Submit to: processing@diademtechnologies.com Fax: 717-484-8110
To file Electronically go to: http://diadembusiness.com/bitcoin_atm_info_sheet.htm