**Wireless Credit Card Machine Rental Agreement**

**Please complete:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Event Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cashier Name if different from above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receipts will be posted to a revenue fund less rental fees. Fund Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Terms of Agreement**

The Controller’s Office agrees to allow you to use a wireless point-of-sale credit card machine for the purpose of collecting monies via credit card under the following conditions.

1. The persons needing the equipment agree to pay a 4% fee of the total sum of transactions processed through the machine. The system will accept Visa, MasterCard, American Express and Discover.
2. 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 5th business day will incur a $20 daily late fee.
3. The renter will be responsible for submitting all credit card receipts, the daily batch total receipt, and a Daily Cash Report daily and the equipment to the cashier in the Controller’s Office at the end of the event.
4. All equipment must be stored in a locked and secure area when not in use.

Equipment may be collected from and returned to the cashier in the Controller’s Office Monday – Friday between the hours of 8:00 a.m. and 5:00 p.m.

Please contact Janet Cabe in the Controller’s Office at 227-2736 or [cabe@wcu.edu](mailto:cabe@wcu.edu) for any questions regarding the rental process.

*Renters are responsible for all returns processed through the credit card machine.*

*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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_