



REPLACEMENT SWIPER REQUEST FORM

Please use this form for the replacement of an existing swiper
New swipers will be quoted and submitted to the requester for approval.

Property or program name:

Date:

CardSpot Web/CardSpot Mobile:

FOR REPLACEMENT OF DEFECTIVE SWIPER

Serial number of defective swiper(s):

What is the issue with the original swiper(s) ?

Number of defective swipers:

Expected by:

SHIPPING DETAILS:

Shipping address:

Requested by:

Phone number:

Approved by (Property representative):

Name:

Signature:

Return defective swiper(s) to:

EML Payments

Attn: Client Support
6100 Sprint Parkway,
Suite 4325

Overland Park, KS 66211

Return completed forms to: support@emlpayments.com