

POS Questionnaire

Rep Name _____ **Team Name** _____

DBA _____ **MID** (if existing) _____

TSYS or FD TSYS or FD **EMV** Yes or No **NFC** Yes or No

Average Monthly Volume _____ **Average Monthly Ticket** _____

Multi Location Yes or No

Number of Employees _____ **PIN Debit or EBT** PIN Debit or EBT

Current POS _____

Install Contact _____ **Phone Number** _____

Email Address _____ **Best Contact Time** _____

How Many Fixed Stations _____ **How Many Mobile/Tablet** _____

Customer Facing Yes or No

Kiosk Yes or No

Online Ordering Yes or No

Gift Card Yes or No

Loyalty Program Yes or No

Accounting Integration Yes or No

Password Protected Wifi Available Yes or No

Wired Internet Available Yes or No

LTE or SIM Only Yes or No

LTE or SIM Backup Yes or No

RETAIL

Scale Yes or No

Label Printer Yes or No

Barcode Scanner Yes or No

Scanner Type _____

How Many SKU _____ **Inventory Tracking** Yes or No

Invoicing Yes or No

RESTAURANT

Table Service or Counter _____ **QR Code** Yes or No

Wired Kitchen Printers Yes or No

KVM Yes or No

Tip Adjust or Prompt Adjust or Prompt

Tabs Yes or No

Drive Thru Yes or No

Table Mapping Yes or No

Retail Menu Yes or No

Kids Menu Yes or No

Items Available Only for Breakfast, Lunch or Dinner Yes or No

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