Cash Register Express (PC America)

Data Information Gathering Sheet

Legal Account Name:_____

Account Owners Name: _____

Business Address: _____

City: _____ **State:** ____ **Zip:** _____

Admin User ID: _____ **Admin Password:** _____

Number of Stations: ____ **New Owners:** **Yes / No**

Current Credit Card Processor: _____

Estimated Monthly CC Sales: _____

Station License Numbers (One per Line)

_____

_____

_____

_____

_____

_____

_____

_____

Please also email screen shots of License numbers
To: ValComputers@gmail.com

What type of database (System) backup are you interested in please select all that apply

Local Hard Drive: ___ USB: ___ Network: ___ Cloud: ___
FTP: ___ Daily Email: ___