**1.0 Contact Information – Point of Sale (POS)**

**Jurisdiction:**

**Submitted by:**

**Date:**



**For which Module:** Point of Sale page/receipting

**Address Line 1:**

**Address Line 2:**

**City and Zip:**

**Primary Phone number:**

**Fax number:**

**Website address:**

**Email address:**        (*should not be an individual – appears on all receipt reports*)

**Comments:**