ASAP Software Request Form for Federal Agencies Section I - Organization Information Organization Name:___ Organization Address: Phone Number: ___ Primary Contact Name: ___ Phone Number: ___ Secondary Contact Name: ___ Fax Number: **Section II - Software Request Information** For on-line access to ASAP, indicate a reference name for each PC you will install the software on. Leave the Node Name/Pseudo ABA column blank. RFC/FRB Use Only ASAP ID: These sections are to be completed by the Federal Agency. Reference Name Name and Model of PC **Operating System Type** Node Name /Pseudo ABA and Version Do you plan to transmit batches of accounts and/or authorizations to the ASAP system? [] Yes [] No If you plan to transmit batches to ASAP, will your automated interface be in place at the point that you initially implement with ASAP, or will you establish an automated interface in the future? Please indicate how you would like the following reports transmitted to you: Account-related reports: [] Fax [] Via Automated Interface [] None [] Fax [] Via Automated Interface [] None Authorization-related reports: [] Via Automated Interface Payment-related reports: [] Fax [] None If you request to have these reports faxed, please provide a primary and secondary fax number. Primary Fax #:____ Secondary Fax #: Section III - Certifying Officer's Signature

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Title

Phone Number

Date

Signature

Name

Section IV RFC/FRB Use Only	
# [] New Enrollment [] Change	e to Existing Enrollment
RFC Office: Contact Name:	Phone:
[] Org. Profile Established in ASAP - RFC	Date: Initials:
[] CQ DOS: Encrypt Device Mailed and Node Name(s Assigned - FRB Customer Support	Date: Initials:
[] CQ Win: Software Only Encryption Mailed and Noo Assigned - FRB Customer Support	de Name(s) Date: Initials:
[] Organization Activated - FRB ASAP Ops	Date: Initials:
[] CQ DOS Software and Encrypt Device Sent to User	- RFC Date: Initials:
[] CQ Win Software Only Encryption Sent to User - R	FC Date: Initials:

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