

Developer Application Request Form

| Please select the service you need below: |
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| ☐ PAXSTORE EMERGENCY APPLICATION APPROVAL (PN: PSEAA) - \$150 per request |
| ☐ PAXSTORE APPLICATION CUSTOMIZED DISTRIBUTION (PN: PSACD) - \$300 per request |
| |
| Company Information: |
| Email address for the receipt: |
| Contact Name: |
| Developer email: |
| Application Package Name: |
| Version of Application: |
| App Distribution Instructions (for Customized Distribution only): |
| |
| Notes: |
| |

Please email this form to paxstore.support@pax.us.

Note: Invoices that are not paid in 48 hours will be cancelled.

PAX Technology always strives to provide timely and accurate technical advice, configuration assistance and training, supporting both hardware and software solutions. PAX Technology support agents are available 24 hours a day, 6 days a week to serve our clients. Our contact number is 877-859-0099 opt.4 or your support@pax.us.