

Exhibit 5

Installation Check List

Version 1

This checklist is to assist you in making sure you and your ATM equipment are in compliance with the network guidelines. Network guidelines insist that THIS form be used for EVERY ATM installation. This form must be submitted to PAI ATM Strategies, LLC. within 15 days of the ATM's first transaction. Failure to complete and return this form will render your equipment inactive.



Terminal Number		Serial Number	
Terminal Software Version (Note: TSV number should be something like Version 1.02.0214. Please call if you can't find it.)			
Key Check Sum	Part 1	Part 2	Total
Comvelope Serial #1		Comvelope Serial #2	

1. Was the ATM inspected for any foreign devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Custodian A Initials	Custodian B Initials
2. Were both registered key custodians present during installation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Custodian A Initials	Custodian B Initials
3. Were the keys entered in a secure environment (not compromised by a video camera, person looking over your shoulder, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Custodian A Initials	Custodian B Initials
4. Did Custodian A enter Part-A into the terminal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Custodian A Signature	
			Date
5. Did Custodian B enter Part-B into the terminal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Custodian B Signature	
			Date

If you have answered "Yes" to each questions, your ATM can be considered compliant under the current network guidelines. If you answered "No" to any of the above questions, your ATM is considered non-compliant and will be deactivated.

Key Part A Destruction			Key Part B Destruction			
Primary Signature						
3 rd Party Witness						
Destruction Date						
Destruction Method	<input type="checkbox"/> Cross-Shred	<input type="checkbox"/> Mulch	<input type="checkbox"/> Burn	<input type="checkbox"/> Cross-Shred	<input type="checkbox"/> Mulch	<input type="checkbox"/> Burn

(3) ELECTRONIC IMAGES OF EACH TERMINAL MUST BE UPLOADED TO THE CORRESPONDING TERMINAL ID IN ATM REPORTS. PLEASE CHECKED BELOW TO INDICATE THAT THE IMAGES HAVE BEEN UPLOADED TO THE ATM REPORTS ELECTRONIC DATABASE.

<input type="checkbox"/> (1) Close-up with Sticker-A close up of the ATM with all required stickers applied and clearly visible		<input type="checkbox"/> ATM Location-The ATM in its permanent location, showing at least the immediate surroundings		<input type="checkbox"/> Location from outside-A view of the storefront from the outside showing name and address, if possible	
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IMPORTANT: All photos must be date & time stamped

Please fax or mail this form to PAI ATM Strategies, LLC

Fax: 877-327-2939 Attn: Tech Department	Mail: PAI ATM Strategies, LLC. Attn: Tech Department P.O. Box 20439 Billings, MT 59104-0439	Photo Upload www.atmreports.com Photos will be uploaded to the associated terminal details page on ATM Reports.
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