

Please complete all sections of the form. Shift4's forms are easiest to use with Adobe Reader 8.0 or higher. Click here <http://www.adobe.com> to obtain a FREE upgrade at the Adobe website.

Merchant Information

Business Name (35)

Address 1 (35)

Address 2 (35)

City (22) State (2) Zip (5)

Telephone (10)

Merchant Type Information

MCC/SIC (4) Merchant Type * Country Code Currency Code

Merchant Time Information

Time Zone *

Is Daylight Savings Time (DST) observed? * End of Business Day *

Voice Center Information

	Voice Center Phone (10)	Voice Approval Merchant Number (30)	
American Express	<input type="text"/>	<input type="text"/>	
MasterCard	<input type="text"/>	<input type="text"/>	MasterCard Premier Merchant <input type="checkbox"/>
Novus/Discover	<input type="text"/>	<input type="text"/>	
VISA	<input type="text"/>	<input type="text"/>	

Bank/Processor Specific Information

Acquirer Bin (6)	<input type="text"/>	Merchant (12)	<input type="text"/>
Terminal ID (8)	<input type="text"/>	Store (4)	<input type="text"/>
Acquirer Agent (6)	<input type="text"/>	Terminal (4)	<input type="text"/>
Chain (6)	<input type="text"/>	Location Number (5)	<input type="text"/>
Cardholder Service (11)	<input type="text"/>	Merchant Name (25)	<input type="text"/>

Optional - Information used to overwrite Profit Center Name on Card Order's Statement:

Merchant Name (25) Cardholder Service Phone, URL, or Email Address (11)

Debit Information

Will you be using this processor for Debit processing? *

Sharing Group

ABA Settle Agent Number Reimburse Attribute

Gift Card Information

Will you be using this processor for Gift Card Processing? *

Card Range Lower Card Length

Card Range Upper Luhn

*These fields are non-variable, please select from pull-down options.