

Heartland Payment Systems Profit Center Form



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. **Profit Center Information** Profit Center Name (35) Address 1 (35) Address 2 (35) State (2) Zip (5) City (22) Telephone (10) **Merchant Type Information** MCC/SIC (4) Merchant Type * Country Code (3) **Currency Code (3)** 840 840 **Merchant Time Information** Time Zone* End of Business Day * Is Daylight Savings Time (DST) observed? * **Voice Center Information** Voice Center Phone (10) Voice Approval Merchant Number (30) **American Express** 8005282121 MasterCard MasterCard Premier Merchant Novus/Discover 8003471111 VISA **Bank/Processor Specific Information** Acquirer BIN (6) Merchant (12) Terminal ID (8) Store (4) **Acquirer Agent (6)** Terminal (4) Chain (6) Location Number (5) 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 use this processor for Debit processing? * **Sharing Group** GV 0001 **ABA** (9) **Settle Agent Number** Reimburse Attribute (1)

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

