

LOCAL HEREOS



TERMINAL REFERENCE FORM

Date:

MERCHANT INFORMATION

COMPANY NAME		CONTACT		PHONE		CURRENT LOYALTY PROGRAM(S)	
STREET ADDRESS		CITY		STATE	ZIP/ POSTAL CODE	BENEFIT AMOUNT	
LANGUAGE PREFERENCE English <input type="checkbox"/> Other <input type="checkbox"/>		TYPE OF BUSINESS OPERATED BY MERCHANT			BUSINESS HOURS		
CURRENTLY USING POS TERMINAL? Yes <input type="checkbox"/> No <input type="checkbox"/>		WHOSE TERMINAL?	ACQUIRING BANK/ PROCESSOR		DEPOSIT ACCOUNT #		
REQUIRE PIN PAD FOR DEBIT CARDS?		HOW MANY TERMINALS?	TERMINALS FIRST: SECOND: THIRD:	PHONE# CONNECTED TO	SHARED WITH (i.e. Fax, Modem)		
SPECIAL NUMBER FOR OUTSIDE LINE?		WHAT NUMBER(S)?					

CARD INFORMATION (not needed for loyalty-only)

VISA MERCHANT #		BANK/ BRANCH		DEPOSIT ACCOUNT#	
MASTERCARD MERCHANT #		BANK/ BRANCH		DEPOSIT ACCOUNT#	
AMEX MERCHANT #		DINERS/ ENROUTE MERCHANT #		JCB MERCHANT #	
				OTHER ORG. MERCHANT #	

TERMINAL PARAMETERS

TERMINAL ID	RETAILER ID	TERMINAL PORT PHONE#		IP ADDRESS
OTHER PARAMETERS				

RECEIPT LAYOUT

Please indicate exactly what should print on the 5 header and 4 footer lines of customer statements. Each line may contain as many as 28 alphanumeric characters.

Header Line 1
Header Line 2
Header Line 3
Header Line 4
Header Line 5
Footer Line 1
Footer Line 2
Footer Line 3
Footer Line 4