

LOCAL HEREOS



TERMINAL REFERENCE FORM	Date: _____
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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?		<table style="border: none;"> <tr> <td style="font-size: 3em; vertical-align: middle;">}</td> <td style="padding: 5px;">TERMINALS</td> </tr> <tr> <td></td> <td style="padding: 5px;">FIRST:</td> </tr> <tr> <td></td> <td style="padding: 5px;">SECOND:</td> </tr> <tr> <td></td> <td style="padding: 5px;">THIRD:</td> </tr> </table>		}	TERMINALS		FIRST:		SECOND:		THIRD:	PHONE# CONNECTED TO		SHARED WITH (i.e. Fax, Modem)	
}	TERMINALS														
	FIRST:														
	SECOND:														
	THIRD:														
SPECIAL NUMBER FOR OUTSIDE LINE?		HOW MANY TERMINALS?		TERMINALS		PHONE# CONNECTED TO									
WHAT NUMBER(S)?		TERMINALS?													

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