

# Vital/Visanet

## Credit Card/Debit Check Processing

The acquiring bank or service organization should complete the following form providing the requested parameters. The information on this form is used to create the merchant file for the ARS Point-of-Sale system. Fax the completed form to 1-800-322-4213.

### Customer Information

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Credit Card Processing

Acquiring Bank ID/BIN #: \_\_\_\_\_ (6 digits)

Merchant #: \_\_\_\_\_ (12 digits)

Terminal #: \_\_\_\_\_ (4 digits)

Store #: \_\_\_\_\_ (4 digits)

High Speed: \_\_\_\_\_ or Telephone #: \_\_\_\_\_

Telephone Settlement #: \_\_\_\_\_

Time Zone: \_\_\_\_\_ (3 digits)

Merchant Code: \_\_\_\_\_ (4 digits)

V#: \_\_\_\_\_ (7 digits)

Agent #: \_\_\_\_\_ (default 000000) \_\_\_\_\_ (6 digits)

Chain #: \_\_\_\_\_ (default 000000) \_\_\_\_\_ (6 digits)

Customer Service Telephone #: \_\_\_\_\_ example 1231231234

**Credit Cards Accepted: Visa/Mastercard \_\_\_\_\_, Discover \_\_\_\_\_, American Express \_\_\_\_\_**

**Debit Cards (if Retailer will be accepting Debit Cards a Pinpad is required)**

ABA # (Bank Routing Number) \_\_\_\_\_ (9 digits)

Settlement Agent # (FID): \_\_\_\_\_ (V\*\*\*)

Sharing Group (Debit Networks): \_\_\_\_\_

Reimbursement Attribute: \_\_\_\_\_

**Special number to reach an outside line? (EXAMPLE: an 8 or 9)** \_\_\_\_\_

Completed by (please print) \_\_\_\_\_ Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

While the ARS applications are capable of communicating data electronically to third-parties (such as merchant services providers, inventory suppliers or accounting), because the communication of data electronically involves many factors beyond the control of ARS, ARS has no responsibility for, and **makes no warranties of any kind, express or implied**, with respect to or arising from, the electronic transmission of data to or from third-parties. Customer/Licensee agrees to indemnify and hold ARS harmless from any claim arising from or relating to the electronic transmission of data to or from a third-party.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

*To be completed by ARS Solutions:*

Serial #: \_\_\_\_\_ Activation Key #: \_\_\_\_\_ PO#: \_\_\_\_\_

Merchant File Created by: \_\_\_\_\_ Date: \_\_\_\_\_ Tested Date: \_\_\_\_\_

Installed by: \_\_\_\_\_

Deposits Verified Date: \_\_\_\_\_ By: \_\_\_\_\_