

**Bookstore Manager, Inc.  
MAPP Credit Card Set-Up Sheet**

Fax: 325-673-0527

Date: \_\_\_\_\_

**This form must be filled out completely and legibly. Incomplete or illegible forms will not be processed.**

**Merchant / Store Information**

Store Name:  
Address:

City/State/Zip+4:  
Voice Phone:  
Facsimile:  
Email:

**MAPP Information for Merchant / Store**

Merchant is using **MAPP** as the authorization and capture processor. MAPP has certified Bookstore Manager's *Windows, DOS and UNIX* credit card and Point of Sale applications. The **prefix/terminal type** assigned to our applications is "**EA**". The suggested **TSI value** is "**1**". Accounts should be set up as **auto open/close**.

MAPP Merchant ID (TID):        **E A**    \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Visa/MasterCard ID:            \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Discover (*if applicable*):     \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

AmEx (*if applicable*):         \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Diners (*if applicable*):        \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

JCB (*if applicable*):            \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Telephone Numbers**

MAPP Primary Authorization Number:  
MAPP Secondary Authorization Number:

MAPP Primary Capture Number:  
MAPP Secondary Capture Number:

**Bank / Merchant Processor Information**

Company Name:  
Contact Person:  
Phone Number:  
Fax Number: