Bookstore Manager, Inc.
VITAL Credit Card Set-Up Sheet

Fax to: 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:
Store Email:

VITAL Information for Merchant / Store

Merchant is using SSL connectivity with "D4" authorization format, "K1" capture format and has been certified for the following industries: Retail, Direct Marketing and CVV2. Developer ID is 000542 and the Version ID is B070.

Acquirer BIN: ___ ___ ___ ___ ___ ___

Agent Bank Number: ___ ___ ___ ___ ___ ___

Agent Chain Number: ___ ___ ___ ___ ___ ___

Currency Code: ___ ___ ___ (840 = U.S.A. Dollars)

Language Indicator: ___ ___ (00 = English)

Merchant Category Code: ___ ___ ___ ___

Merchant Country Code: ___ ___ ___ (840 = United States of America)

Merchant Location Number: ___ ___ ___ ___ ___ (This is NOT the store's zip/postal code)

Merchant Number (ID #): ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Store Number: ___ ___ ___ ___

Terminal ID # / Visa Serial #: ___ ___ ___ ___ ___ ___ ___ ___

Time Zone Differential: ___ ___ ___ (Eastern = 705; Central = 706; Mountain = 707; Pacific = 708)
(Replace the leading 7 with a 1 if Daylight Savings is not observed, i.e. Arizona = 107)

Vital Industry Code: ___ (R = Retail; D = Direct Marketing)

Starting Terminal Number: ___ ___ ___ ___ (Default starting terminal number is 0001)

Settlement Terminal Number: ___ ___ ___ ___ (You may need a specific terminal number for settlement)

Discover (if applicable): ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

American Express (if applicable): ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Voice Authorization Instructions: _____

Bank / Merchant Processor Information

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

Last Updated: July 28, 2003