



Merchant Validation Process Form (MVP)

All Fields MUST be Completed.

If any of the text fields are unknown or not relevant, please fill-in with N/A

Internal Use Only: Implementation Code

MERCHANT INFORMATION

Legal/Corporate Name:

DBA Name:

Federal Tax ID (US):

Canadian Business No. (CAN):

Is This A Multi-Merchant File?

Street Address 1:

Street Address 2:

City:

State/Prov:

Zip:

Country:

Contact Name:

Contact Title:

Daytime Phone:

Fax:

E-Mail:

MERCHANT ACCOUNT INFORMATION

Acct. Type



Merchant ID Number



Processor Name

VISA / MasterCard

AMEX

N/A

Discover

N/A

JCB

N/A

Diner's Club

N/A

Debit

Gift Card

Private Label

eCheck

Electronic Credit

Other

PROTOBASE & MERCHANT FILE INSTALLATION

Preferred "Go Live" Date (mm/dd/yyyy):

SUBMITTER INFORMATION

Submitted By:

Phone:

If you have any questions about this form, please contact us directly at 800-476-4456.

INSTALLATION INFORMATION

Gateway Version:

VAR Name (if applicable):

POS / PMS Application Name:

POS/PMS Version:

Operating System Name:

Operating System Version:

SERVICE INFORMATION

Connection:

Service Requested:

Industry:

PROCESSOR INFORMATION

Processor Name:

Contact Name:

Contact Phone:

Installation / Scheduling Contact List

For Remote Install Scheduling / Installation and High-Speed Configurations

APPOINTMENT SCHEDULING

ADMINISTRATIVE CONTACT INFORMATION

Contact Name:

Title:

Phone:

Mobile Phone:

E-Mail Address:

REMOTE INSTALLATION TECHNICAL CONTACT INFORMATION

Contact Name:

Title:

Phone:

Mobile Phone:

E-Mail Address: