

Supermarket Incentive Program Merchant Certification

To be completed by the participating Acquirer:

Acquirer Identification:

Acquirer BIN: _____(6 numeric) Acquirer BID: _____(8 numeric)
Acquirer Name: _____
Contact Name: _____
Acquirer Address: _____
Acquirer City: _____ State: _____ (2 alpha) ZIP: _____
Contact Phone: _____ Contact Fax: _____

I certify that all Visa Supermarket Incentive Program eligibility and processing requirements have been met by this store. I certify that this supermarket has agreed to display Visa signage at all lanes that accept checks. I will submit all transactions for this supermarket with a reimbursement attribute of 4 and a merchant category code of 5411. I understand that this documentation must be completed and approved by Visa before transactions for the supermarket will be eligible for the incentive program rate.

PRINT name of senior officer at participating Acquirer

Signature

To be completed by each participating supermarket (store level):

Merchant Identification:

Card Acceptor ID: _____(up to 15 alphanumeric)
Merchant Name: _____
Merchant Address: _____ Merchant City: _____
Merchant State: _____(2 alpha) Merchant ZIP: _____(5 numeric)
Merchant Country: U.S.A.
Merchant Phone: _____ Merchant Fax: _____
Chain Name: _____

Merchant Eligibility:

Ask your acquirer for minimum eligibility requirements.

Annual sales (\$ Millions) _____

Percentage of sales representing perishables* _____ %

*Perishables include packaged bakery goods, in-store bakery, dairy products, florals, frozen foods, ice cream, meat and produce.

Visa Acceptance:

Number of total lanes: _____ Number of lanes accepting checks: _____ Number of lanes accepting Visa: _____

I certify that all Visa Supermarket Incentive Program eligibility and processing requirements are understood and have been met by this store. I will display the Visa logo at all lanes that accept checks. I understand that any transactions submitted with modified merchant identifications fields will not be eligible for marketing support unless I re-certify.

PRINT name of senior manager at participating store

Signature

When complete, FAX to Merrill Corporation for Visa U.S.A. Supermarket Certification:

320-251-1406