Electronic Cash Register (ECR)/Point of Sale (POS) Questionnaire

Vendor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_

Vendor e-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vendor Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does the Store have an electronic cash register and point of sale (ECR/POS) system? [ ] Yes [ ] No

If Yes, please complete the following questions. If No, please go to Section II

1. (ECR/POS) Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Version \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. (ECR/POS) Provider Contact Person: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_

e-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you able to scan bar codes on your stores (ECR/POS)? [ ] Yes [ ] No
2. Is your current (ECR/POS) WIC CARD Ready? [ ] Yes [ ] No
3. If No, do you plan to upgrade to a version that is WIC Card Ready? [ ] Yes [ ] No
4. Who is your 3rd party Processor? [ ] First Data [ ] World Pay [ ] Vantiv [ ] FiServe [ ] Other
5. If Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. How many retail lanes do you have in your store? \_\_\_\_\_\_\_
7. Does your store currently process Debit/Credit on a Stand Alone (SA) Device separate from your stores cash register system? [ ] Yes [ ] No

1. Does your store process SNAP (Food Stamps)? [ ] Yes [ ] No

2. What is your Food Stamp (SNAP) Number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Does your store currently process SNAP on this same SA device? [ ] Yes [ ] No

4. Provider Contact Person: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_

e-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Does your store have a completely separate SA device to process SNAP? [ ] Yes [ ] No

6. Provider Contact Person: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_

e-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your store currently have a high speed internet connection? [ ] Yes [ ] No
2. If Yes, Provider Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. If No, do you use a phone line to connect your Debit/Credit/SNAP device? [ ] Yes [ ] No