

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

Vendor Name: _____

Vendor Address: _____ State: _____ Zip Code: _____

Vendor e-mail address: _____ Vendor Phone: _____

- I. 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 _____

3. Are you able to scan bar codes on your stores (ECR/POS)? ☐Yes ☐No

4. Is your current (ECR/POS) WIC CARD Ready? ☐Yes ☐No

5. If No, do you plan to upgrade to a version that is WIC Card Ready? ☐Yes ☐No

6. Who is your 3rd party Processor? ☐First Data ☐World Pay ☐Vantiv ☐FiServe ☐Other

7. If Other: _____

8. How many total retail lanes (including all departments, pharmacy, garden, etc.) do you have in your store? _____

9. How many retail lanes accept WIC? _____

10. If applicable, in what other departments do you allow WIC purchases?

☐ Garden

☐ Automotive

☐ Pharmacy

☐ Other _____

- II. 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 _____

- III. Does your store currently have a high-speed internet connection? ☐ Yes ☐ No
1. If Yes, Provider Name _____ Phone: _____
2. If No, do you use a phone line to connect your Debit/Credit/SNAP device? ☐ Yes ☐ No