Heartland Payment Systems
Shift4 VAR Sheet

Please complete all sections of the form. Shift4's forms are easiest to use with Adobe Reader 8.0 or higher. Click here http://www.adobe.com to obtain a FREE upgrade at the Adobe website.

Merchant Information

Business Name (35)

Address 1 (35)

Address 2 (35)

City (22)   **State (2)**   **Zip (5)**

Telephone (15)

Merchant Type Information

MCC/SIC (4)   **Merchant Type ***   **Country Code (3)**   **Currency Code (3)**

Merchant Time Information

Time Zone*

Is Daylight Savings Time (DST) observed? *   **End of Business Day ***

Voice Center Information

	Voice Center Phone (15)	Voice Approval Merchant Number (30)	
American Express			
MasterCard			**MasterCard Premier Merchant** ☐
Novus/Discover			
VISA			

Bank/Processor Specific Information

Acquirer BIN (6)   **Merchant (12)**

Terminal ID (8)   **Store (4)**

Acquirer Agent (6)   **Terminal (4)**

Chain (6)   **Location Number (5)**

Optional - Information used to overwrite Profit Center Name on Card Order's Statement:

Merchant Name (25)   **Cardholder Service Phone, URL, or Email Address (11)**

EBT*   **Prestigious Indicator**

Debit Information

Will you use this processor for Debit processing? *   **ABA (9)**   **Settle Agent Number**

Reimburse Attribute (1)   **Sharing Group**

EMV Information

EMV Enabled?*   **Total # of EMV Devices**   **PIN Encryption Key (15)**

*These fields are non-variable, please select from pull-down options.

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