

Supermarket Incentive Program Merchant Certification

To be completed by the participating Acquirer:

Acquirer Identification:

Acquirer BIN: 412061 (6 numeric) Acquirer BID: 10039838 (8 numeric)
Acquirer Name: Merrick Bank
Contact Name: Shari Greenberg
Acquirer Address: 101 Crossways Park Drive West
Acquirer City: Woodbury State: NY (2 alpha) ZIP: 11797
Contact Phone: 800-267-2256 Contact Fax: 516-576-8741

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.

David Herzfeld, Vice President _____
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