USC

Credit Card Terminal Programming Form

Merchant ID Number (MID):

1. **Terminal model number:**   **# of Terminals**
   a. Verifone VX520
   b. Ingenico Telium 2 (Wireless)

2. **Vendor industry (pick one):**
   a. Retail (includes Tix Sales)
   b. Restaurant
   c. Lodging

3. **Paper receipt DBA name (1 line):**
   Example: USC STUDENT HEALTH CENTER   *(25-character limit for each line)*

4. **Paper receipt address (3 lines):**

   (25-character limit for each line)

5. **Paper receipt phone number (1 line):**

6. **Dialing directions:**
   Dial 1 (wireless or analog)   **Yes**   **No**
   Dial 9 (analog only)   **Yes**   **No**

7. **Department approval for purchase of terminals:**
   Signature:
   Name:
   Title:

8. **Delivery information:**
   Contact person receiving shipment:

   Name:
   Phone Number:
   Email Address:

   Mailing Address:

Treasury Services Approval:
Signature: _____
Print Name and Title: _____
Date: _____