

American Express Merchant Outlet Setup Form American Express / State of NC

INSTRUCTIONS

1. This American Express Merchant Outlet Setup Form pertains to participants in the American Express Merchant Card Master Services Agreement offered by the Office of the State Controller (OSC) and American Express. A separate Outlet Setup Form is to be completed for each merchant number (outlet) desired to be established by a particular participant. The forms together provide information necessary for OSC staff, American Express staff, and STMS staff to establish the appropriate setups on various systems (Merchant numbers, billing information, statement rendering, etc).
2. Before completing this Outlet Setup form, ensure you have executed and have on file with OSC an:
 - American Express Agency Participation Agreement
 - American Express Participant Setup Form

(Only one of each is required, regardless of the number of merchant numbers (outlets) assigned).
3. The "Chain Number" is the single identifying number that was provided, or will be provided, as the result of completing the "American Express Merchant Card Participant Setup Form." All Amex outlet merchant numbers for the agency will roll-up to this Amex Chain merchant number. The Amex-assigned chain number is different than the STMS-assigned chain number.
4. An "outlet" is a line of business or a revenue-generating operation of an agency and may be equated with a separate line of business, division, branch office, etc. An outlet may also be referred to as an "establishment".
5. OSC will review the 24-character "Merchant Name" to the outlet, also referred to as the "Doing Business As" (DBA) name. The DBA name will be the name that appears on a cardholder's statement to identify the merchant with which a transaction was charged. NOTE: If the OSC previously assigned the outlet a Merchant Name for use with STMS, the Merchant Name will remain the same.
6. For assistance or questions, please contact osc.form.merchantcard@osc.nc.gov.

Participant's Merchant Chain Information

Participant Name: _____

Federal Tax ID: _____
(Should be the same as on the American Express Merchant Participant Setup Form)

Existing American Express Chain Number: _____

Outlet Profile Information

Outlet Name: _____ (Limited to 24 characters)

Line of business, division, branch office, etc. This is also referred to as the "Doing Business As" (DBA) name, and will appear on the cardholder's account statement to identify the merchant that performed the transaction. **NOTE: This is generally the same name as used with STMS.**

Description of transactions: _____ (Taxes, fees, tuition, etc)

Annual Credit Card Volume (includes Visa, MasterCard, Discover, and American Express):

Number of transactions: _____ Dollar Volume: _____

Capture Method

Select and complete the ones that apply:

- Point of Sale Terminal(s) – Stand-alone terminal(s) using analog telephone line
- Point of Sale Terminal(s) – Stand-alone terminal(s) connected to the internet
- Point of Sale Terminal(s) – Wireless
- Point of Sale Terminal(s) with POS Software; Name of Software: _____
Version Number: _____
- Clover Station with Cash Drawer
- Clover Station without Cash Drawer
- Clover Mini-LTE (3G)
- Clover Go Bluetooth
- PayPoint Gateway Service
- Hosted Recurring Payments
- Payeezy Gateway using: Hosted Checkout Real Time Payments Manager API
- Internet capture: URL (website): _____
- Third-Party Gateway Service; Name of Third-party: _____
- Interactive Voice Response (IVR); Name of Third-party or System: _____
- Other: _____ URL (website): _____

Outlet Contact

Contact Name: _____

Title: _____

Main Address: _____

City: _____

State: _____

Zip: _____

Phone: _____ Fax: _____

E-mail : _____

Billing Information – For American Express monthly invoices

Select one of the following:

Standard: Central Billing – Send invoices to the address associated with the Participant’s Chain Merchant # (See address indicated on American Express Participant Setup Form).

Or

Decentralized Billing – Send invoices to the billing address below (if different)

Participant Name: _____

Main Address: _____

City: _____

State: _____

Zip: _____

Attention: _____

Phone: _____ Fax: _____

Email: _____

American Express Online Merchant Services

Various reporting is available through American Express’ complimentary “Online Merchant Services”. This online reporting can be used in addition to the reporting available through STMS’s ClientLine.

Enrollment forms for Online Merchant Services are found on the SECP webpage:

<https://www.osc.nc.gov/state-agency-resources/statewide-electronic-commerce-program/merchant-card-program/merchant-card>

Settlement Bank Account Information

Select one of the following depository banks for settlement of funds:

- Wells Fargo Bank; SunTrust Bank; Other Bank: Name: _____
T/R# 121000248 T/R# 061000104 9-Digit T/R-Routing # _____

Settlement Bank Acct #: _____

Name of Participant Official Submitting this Outlet Setup Form

The individual below asserts that he/she has the authority to request the establishment of an American Express merchant number for the above referenced application.

Preparer's Name: _____

Title: _____

Telephone Number: _____

Email: _____

For OSC Use Only

For American Express Establishment Services Use Only

MAP # 4321267833

DAILY GROSS PAY WITH MONTHLY INVOICE FOR FEES – FEES NOT ALLOWED TO BE DEBITED FROM ACCOUNT PER STATE OF NC

REPORTING: AMEX ONLINE MERCHANT SITE PAPER STATEMENTS

NEW AMEX MERCHANT # ASSIGNED: _____

ORIGIN CODE = _____

TMID = _____

ADDITIONAL INFORMATION: _____
