



STATE OF NEVADA
OFFICE OF THE STATE TREASURER

MERCHANT SERVICES PROGRAM
Pre-Boarding Questionnaire

This form will assist our office in processing your request to participate in the State's Merchant Services contract for electronic payment acceptance.

Agency Name: _____

Agency Number: _____

1. Provide a brief description of the services/products that will be sold by your office (use the back of this form, if necessary):

2. Provide the transactional volume from the last, full fiscal year (if \$0 from last fiscal year, provide a high estimate for the next fiscal year): \$_____

3. Provide the average ticket/payment size/amount: \$_____

4. Is payment activity cyclical or seasonal? If yes, indicate the period(s) of time payments will be accepted:

5. Which payment types will be accepted?

Credit Cards Electronic checks

6. If accepting credit cards, which card brands will be accepted?

Visa MasterCard American Express Discover Card

7. Type of business conducted will be more consumer-based or business-based transactions:

Consumer-based Business-based

8. Payments will be accepted via (check all applicable):

Virtual Terminal Agency Website In-Person Phone Point-of-Sale Fax Mail-in

9. If payments are processed via a website, will a vendor or internal IT professionals develop the website? Below, please provide the following contact information:

a. Vendor Name (if applicable): _____

b. Vendor or IT Point-of-Contact (POC): _____

c. Vendor or IT POC E-mail Address: _____

d. Vendor or IT POC Telephone Number: _____

10. Will the agency charge a fee to off-set some of the costs associated with electronic payment acceptance or will the agency absorb these costs?

Will charge a fee Will **not** charge a fee

11. Will the agency purchase equipment, such as a point-of-sale terminal, PIN pads, card reader, etc.?

Yes, equipment will be purchased No, equipment will not be purchased.

12. If the agency will need equipment, please indicate how many of each type of unit:

_____ Point-of-Sale terminals _____ PIN pads _____ Other (please indicate type & number of units)

13. When is the expected 'Go-Live' date (date expected to begin accepting electronic payments)? _____

14. Please provide the primary point-of-contact for this project implementation:

a. Project Manager Name: _____

b. Project Manager E-mail address: _____

c. Project Manager Telephone Number: _____