

# Vendor Technology Survey

<b>Retailer Information</b>		
Store Name:		Contact Name:
WIC Vendor ID:		Phone:
Primary Language (circle one) English Spanish Other (list):		
Physical Address1:		
Physical Address2:		Contact Email:
City:	State:	ZIP Code:
Corporate Name:		Name of Corporate Contact:
Corporate Phone:		Corporate Email:
Do you have an IT Department?: (circle one) Yes No		IT Contact Name:
IT Email:		IT Phone:
<b>Value Added Reseller/ Electronic Cash Register (ECR) service provider</b>		
Do you use an ECR service provider (circle one)? Yes No		Service Provider Company Name:
Service Provider Contact:		Email:
Address:		Phone:
City:	State:	ZIP Code:
Do you have an existing service contract? (circle one): Yes No		

**Electronic Cash Register and Point of Sale Information**

ECR Brand (IBM, Retailix):	Model (ACE, Scanmaster, etc):
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Software Version:	Total number of registers (excluding departmental and self-checkout):
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POS Pin Pad Brand:	POS PIN Pad Model:
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**Third Party Processor (TPP)**

Do you use a third party processor (circle one): Yes No	TPP Name (First Data, Vantiv, Fiserv, World Pay):
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TPP Link Type (Buypass, Concorde, MPS):	Does Store Have Internet Connection (circle one): Yes No
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TPP Contact:	TPP Email:
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Phone:	Address
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City:	State:	ZIP Code:
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**Additional information (anything you feel would be helpful)**


## **Instructions for WIC Program Vendor Technology Survey, Form 1185**

**Initial 1/21/2020**

**Purpose:** The Mississippi WIC Program Vendor Technology Survey form is used to submit technical capabilities, telecommunications infrastructure, and equipment to determine each store's eWIC readiness.

### **Instructions:**

#### **Retailer Information**

- 1) Enter the store name and contact name
- 2) Enter the WIC Vendor ID and phone
- 3) Circle the preferred primary language
- 4) Enter the physical address, including city, state, and zip code
- 5) Enter contact email
- 6) Enter corporate name, name of corporate contact, corporate phone and email
- 7) Circle yes or no if retailer have an IT department
- 8) If applicable, enter IT contact name, email, and phone

#### **Value Added Reseller/Electronic Cash Register (ECR) Service Provider Information**

- 1) Circle yes or no if retailer uses an ECR service provider
- 2) If applicable, enter service provider company name, contact, and email
- 3) Enter the phone and address, including city, state, and zip code
- 4) Circle yes or no if retailer have an existing service contract

#### **Electronic Cash Register and Point of Sale Information**

- 1) Enter ECR brand and model
- 2) Enter software version and total number of registers (excluding departments and self-checkout)
- 3) Enter POS pin pad brand and model

#### **Third Party Processor (TPP)**

- 1) Circle yes or no if retailer uses a third-party processor and enter TPP name, if applicable
- 2) Enter TPP link type
- 3) Circle yes or no if the store has internet connection
- 4) Enter TPP contact, TPP email, phone and address

### **Office Mechanics and Filing:**

The submission form will be filed at the WIC Central Office.

### **Retention Period:**

The submission form will be kept on file for a period of no less than 3 years.