

## 2.5 *MasterCard International*

### *Quick Payment Service • Quick Reference Table*

MCC	Description	Floor Limit	Authorization Required	Customer Signature	Receipt	Chargeback Protection
5814	Fast Food Restaurants	USD25	Optional	Optional	Optional	4801 4802 4837 4808
7832	Movie Theaters	USD35	Optional	Optional	Optional	4801 4802 4837 4808
7523	Parking Lots	USD50	Optional	Optional	Optional	4801 4802 4837 4808
5499	Misc Food Stores: C-Stores, Vending Machines	USD25	Yes	Optional	Optional	4801 4802 4837
5912	Drug Stores, Pharmacies	USD25	Yes	Optional	Optional	4801 4802 4837
5541	Services Stations	USD25	Yes	Optional	Optional	4801 4802 4837

MasterCard highly recommends that all transactions be completed with online authorization.

**Reminder:** The Convenience Store, Drug Store/Pharmacy, and Service Station categories must continue to authorize all transactions regardless of the dollar amount, but can now take advantage of the receipt and signature waiver offered under the QPS program.

# MasterCard International

## Quick Payment Service • Variance Request Form

I, (Print Name) \_\_\_\_\_ as a qualified officer of  
(Print Acquirer): \_\_\_\_\_, for the purpose of participating in "Quick  
Payment Service" at the merchant designated on the attached questionnaire, request a variance  
from the standard chargeback rules for transactions verified in accordance with Quick Payment  
Service program rules.

Accordingly, I agree to comply with the requirements of the program, as follows:

- Identify a QPS transaction by values in Card Acceptor Name (DE 43, subfield 1) and Program  
Registration ID (PDS 0043). This field starts with a Q and is followed by a unique alphanu-  
meric ID, (to be assigned by MasterCard upon registration).
- To abide by all other terms of the QPS program as set forth in the Quick Payment Service  
program documentation.

Signature of Qualified Officer \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

Member contact (please print): \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone number Fax number

Member ICA#: \_\_\_\_\_

Merchant Name \_\_\_\_\_

Type of business \_\_\_\_\_ MCC #: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Merchant Address \_\_\_\_\_

Phone number (\_\_\_\_\_) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

For additional merchant locations, please attach a list with all above information.

2. \_\_\_\_\_ 3. \_\_\_\_\_

1. Authorization method employed: ☐ On-Line (zero-floor) ☐ No Authorization

\*Not applicable to all industry segments.

2. Assigned floor limit in US\$ \_\_\_\_\_

Executed by MasterCard International \_\_\_\_\_

QPS Code Assigned \_\_\_\_\_

MasterCard Use only:

Assigned tracking codes(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_

Please Fax form to: MasterCard International North American Acceptance  
Small Ticket Markets – QPS Registration Fax: 914-249-4107