



# CREDIT CARD PROCESSING MERCHANT REQUEST

Purpose: This form should be used only to request a new merchant ID. To revise a current profile or request a new Terminal ID, use the form *Credit Card Processing Terminal Request*.

Business Area Name: \_\_\_\_\_ Business Area Number: \_\_\_\_\_

Department: \_\_\_\_\_

Provide Detailed Business Reason for Accepting Credit Cards as Payment:

### PCI DSS COMPLIANCE STATUS

Does Business Area Have Other Existing Merchants?  Yes  No

If Yes, Date PCI DSS SAQ Completed: \_\_\_\_\_

Date of Last Network Scan for PCI DSS: \_\_\_\_\_

If No, PCI DSS Training Completed?  Yes  No

Date PCI DSS SAQ Submitted: \_\_\_\_\_

Approval by Business Area PCI DSS Representative: \_\_\_\_\_  
(Technical, Administrative, Financial)

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### MERCHANT ACCOUNT INFORMATION

Legal Name: \_\_\_\_\_ (Formal Name of Department)

Doing Business As (DBA) Name: \_\_\_\_\_  
(Appears on Cardholder Statement - 25 Characters - should include PS, PSU or Penn State in name)

Phone Number for Cardholder Statement: \_\_\_\_\_  
(Number used by cardholder to call regarding charges appearing on Cardholder Statements)

Merchant Account Address:

Cost Object: \_\_\_\_\_ Cost Object Name: \_\_\_\_\_ Cost Object #: \_\_\_\_\_

### CONTACT INFORMATION

Primary Contact Name: \_\_\_\_\_

Primary Contact Title: \_\_\_\_\_ Primary Contact Email: \_\_\_\_\_

Primary Contact Phone: \_\_\_\_\_ Primary Contact Fax: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Alternate Contact Phone: \_\_\_\_\_

Network/IT Contact Person: \_\_\_\_\_

Network/IT Contact Title: \_\_\_\_\_ Network/IT Contact Email: \_\_\_\_\_

Network/IT Contact Phone: \_\_\_\_\_ Network/IT Contact Fax: \_\_\_\_\_

Financial Officer: \_\_\_\_\_

Merchant Statement Contact, same as Primary Contact?  YES  NO (provide name and address)

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

Address: \_\_\_\_\_

Chargeback Contact Name: \_\_\_\_\_

Fax #: \_\_\_\_\_

**PROCESSING INFORMATION**

PENN STATE ACCEPTS THE FOLLOWING CREDIT CARDS: VISA, MASTERCARD, AMERICAN EXPRESS AND DISCOVER

Processor:  Elavon  Other (specify name): \_\_\_\_\_

Reason processor other than Elavon required: \_\_\_\_\_  
(Attach all agreements, contracts and validation of compliance with PCI DSS for processor)

**FN07 prohibits the use of third party processor without exception approval)**

If using "OTHER", Office of Information Security/Privacy Office Approval required: \_\_\_\_\_ Date \_\_\_\_\_  
(Email attachment indicating review and approval by Office of Information Security/Privacy Office is acceptable)

Processing Method:

Point-of-Sale (POS) Terminal:

Type:  Converge USB Plug-in  Stand-Alone Terminal (not allowed to accept id+ cards on the same terminal)  
 New Equipment Needed  Existing Equipment will be used (indicate equipment being used)  
Equipment type (model): \_\_\_\_\_ Software Version: \_\_\_\_\_

e-Commerce: (Complete Section on ePay information for eCommerce Services)

Converge  
 Third-Party Service (must attach all agreements and validation of compliance with PCI DSS or PA DSS)

List Name of Company: \_\_\_\_\_  
(Third-Parties must be approved by the Corporate Controller and all agreements must be signed by Risk Management)

Required Additional Approvals for Third-Party Service:

Privacy Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Corporate Controller Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Transactions:

Expected Monthly Dollar Volume: \_\_\_\_\_ (if volume less than \$1000/month, a \$20/month fee will be charged)

Expected Monthly Transaction Volume: \_\_\_\_\_

Type of Transactions: (email receipt of credit card information is not allowable)

Retail (face to face)  Mail Order (phone, fax or email)  
 Internet/Web  Other (provide explanation): \_\_\_\_\_

**APPROVALS REQUIRED FOR NEW MERCHANT ACCOUNT REQUEST**

Business Area PCI Technical Representative: \_\_\_\_\_ Date: \_\_\_\_\_

My signature indicates that this unit is compliant with PCI DSS technical requirements

Print Name: \_\_\_\_\_

Financial Officer: \_\_\_\_\_ Date: \_\_\_\_\_

My signature indicates that this unit is compliant with PCI DSS requirements and has a business need for accepting credit cards as payment.

Print Name: \_\_\_\_\_

Budget Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

My signature indicates that I understand the requirements of FN07 ad the laws and regulations concerning credit cards, and agree to pay all fines or costs associated with credit card processing for this unit.

Print Name: \_\_\_\_\_

Budget Executive: \_\_\_\_\_ Date: \_\_\_\_\_

My signature indicates that I understand the requirements of FN07 ad the laws and regulations concerning credit cards, and agree to pay all fines or costs associated with credit card processing for this unit.

Print Name: \_\_\_\_\_