

CREDIT CARD PROCESSING TERMINAL REQUEST

Purpose: This form should be used only by current merchants to request a new terminal ID or to revise a current terminal profile. Use form *Credit Card Processing Merchant Request* to become a new merchant.

New Terminal ID

Terminal Profile Revision

Merchant ID: _____

Business Area Name: _____ Business Area #: _____

Department: _____

Merchant Account Legal Name (formal Name of Department): _____

Doing Business As - DBA Name: _____

Appears on Cardholder Statement 25 character - should include PS, PSU, or Penn State in name)

Provide Detailed Business Reason for Accepting Credit Cards as Payment:

Account to be charged:

Cost Object Type: _____ Cost Object #: _____ General Ledger #: _____

Contact Information:

Primary Contact Name: _____

Primary Contact Title: _____ Primary Contact Email: _____

Primary Contact Phone: _____ Primary Contact Fax: _____

Terminal 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 e-Commerce 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)

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 Mail Order (phone, fax or email)

Internet/Web Other (provide explanation): _____

Financial Officer Approval for New Terminal Request: _____