



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*.

Administrative Area Name: _____ Number: _____

Department: _____

Provide Detailed Business Reason for Accepting Credit Cards as Payment:

PCI DSS Compliance Status

Does Admin 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 Admin 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: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip: _____

Account to be charged for Discount Fees: _____ (format: 00-000- UP10010)
(Please Provide Budget, Location Code and Fund)

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

Card Brands Requested: VISA MasterCard American Express 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", Privacy Office Approval required: _____ Date _____
(Email attachment indicating review and approval by 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

Admin 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: _____

eCommerce Services Information

Please complete this section only if applying for or currently using:
Converge

Please provide the name(s) and email address(es) for RECR Report:
(person(s) responsible for recording the income)

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____