



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: _____

Administrative Area Name: _____ Number: _____

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:

Contact Information:

Primary Contact Name: _____

Primary Contact Title: _____ Primary Contact Email: _____

Primary Contact Phone: _____ Primary Contact Fax: _____

Contact Information:

Card Brands Requested: VISA MasterCard American Express Discover

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: _____

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: _____