



## Request for Merchant ID (MID)

Date	Department Requesting ID	Merchant Name (max 19 char.)
Merchant Location Address		City, State, Zip
Department Contact		Contact E-mail Address
Contact Phone Number		Fax Number

### Chart Field Information

	Account	Fund	Dept ID	Program	Class	Project/Grant
Revenue & Charge-backs						
Processing Fees & Equipment Costs						
Purpose of Payments						

### Complete for Use of POS Machines

Number of POS Equipment required _____	Analog/Ethernet _____
	Wireless _____
Monthly Rental _____ OWN _____	Integrated (ex. Register & POS) _____
	Mobile e-reader _____

Note that all POS Machines will be ordered by the Treasurer's Office

### Complete for Use of Cybersource ONLY (Reminder- a QSA review is required prior to the gateway going live)

Please also complete the CyberSource Settings form. There is a \$225 CyberSource set-up fee of which is non-refundable. Select One:

Web/Mobile _____	Secure Acceptance Silent Order Post _____	Simple Order API	SCMP API	SOAP API
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### Complete for Third Party Processing and Payment Applications (Reminder- a QSA review is required prior to the 3<sup>rd</sup> party processor going live) \*

Payment Application Vendor	Payment Application Name
Payment Application Version Number	Name of Reseller (if applicable) <small>Entity from whom you purchased the payment application</small>
Contract with PCI language Attached _____	Data Flow Diagram Attached _____
Vendor Proof of PCI Compliance (Certification of Compliance or an Attestation of Compliance) Attached _____	
Software Version to be installed MUST be listed on the PCI List of Validated Payment Applications- Proof Attached _____ Has the vendor supplied a PABP Implementation Guide? _____	

### Complete for all E-Commerce Web Sites (Reminder- a QSA review is required prior to the 3<sup>rd</sup> party processor going live)

Company WEB Site URL	Shopping Cart Technology <small>(The technology or system used for on-line store)</small>
Payment Application Version Number	Name of Reseller (if applicable) <small>Entity from whom you purchased the payment application</small>



<b>Vendor</b>		
Please Note: Merchant will automatically be set up to accept MasterCard, Visa, Discover and American Express.		
<b>PCI DSS Confirmation</b>		
<input type="checkbox"/>	<b>AGREE</b>	The merchant will not be storing or retaining the Primary Account Number of the card holder in any format.
<input type="checkbox"/>	<b>DISAGREEE</b>	
<i>If there is a business reason for retaining PAN it must be documented and provided to the Treasurer's Office with the signature of the Vice Chancellor of A&amp;F and the Campus Controller.</i>		
<b>Authorizing Signatures</b>		
<b>Signature of Vice Chancellor of A&amp;F</b> Approves storage of Primary Account Number		<b>Signature of Campus Controller</b>
The merchant understands that it is prohibited to store sensitive authentication data. Sensitive Authentication Data consists of magnetic stripe (or track) data, card validation code or value, and PIN data. The signature of the E-commerce representative indicates they have reviewed the above request and evaluated the merchant for their ability to remain PCI Compliant (including completion of the annual SAQ documentation and PCI training requirements for merchant employees). Additionally, merchant will follow Accounting Best Practices as required from Campus Accounting and Finance Procedures.		
<b>Signature</b>	<b>E-commerce Representative Name</b>	<b>Date</b>

Special Notes:

\*Please note, for Third Party Processors, if the implementation of this system causes any outward facing IP addresses to be installed on any of our systems, then the merchant must pass a security scan prior to going live and in addition, quarterly system scans must be run.