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:

Secure Acceptance	Simple Order API	SCMP API	SOAP API
Web/Mobile _____ Silent Order Post_____			

Complete for Third Party Processing and Payment Applications
(Reminder- a QSA review is required prior to the 3rd party processor going live) *

Payment Application Vendor	**Payment Application Name**
Payment Application Version Number	**Name of Reseller (if applicable)** Entity from whom you purchased the payment application
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 3rd party processor going live)

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

Vendor	
Please Note: Merchant will automatically be set up to accept MasterCard, Visa, Discover and American Express.	

PCI DSS Confirmation		
	AGREE	The merchant will not be storing or retaining the Primary Account Number of the card holder in any format.
	DISAGREEE	

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&F and the Campus Controller.

Authorizing Signatures

Signature of Vice Chancellor of A&F **Approves storage of Primary Account Number**	**Signature of Campus Controller**

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.

Signature	**E-commerce** **Representative Name**	**Date**

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.