Payment Card Processing Application/Registration Form

Date: _____

Type of Request	_____	Ecommerce
	_____	Terminal (Swipe Machine)

Department Name: _____

Department Bldg & Room # _____

Department Contact (responsible for the day to day compliance of payment card information)

Name: _____	Title: _____
Contact Phone Number: _____	Email Address: _____

FOAP to charge monthly fees: _____

Please be sure to review the costs of accepting payment cards before completing this form.

Merchant Name   SFASU_____

You must define a name that will appear as the description on your customer's credit card statement. Choose a name that your customer will recognize. The name must begin with SFASU <space> and be followed by no more than 16 additional characters, including spaces, for a maximum of 22 total.

Merchant Identification # _____

Describe event or reason that requires your department to offer payment cards as method of payment:

Who do you intend to collect from?

How often do you expect to collect payments?
_____ For a short period, annually
_____ For a short period, each semester
_____ All year

What do you expect the amount of annual sales to be? _____

How will payment card information be accepted?

_____ Swipe machine - Dial up	_____ Online
_____ In person	_____ Market Place
_____ On the telephone	_____ Touchnet
_____ By US Mail	_____ Other third party processor
	Firm Name _____
_____ Swipe machine - connected to internet	Firm Name _____
_____ POS device connected to computer	*Attach copy of contract*
_____ Pay on foot	_____ back office processing*
_____ Garage	

* Backoffice processing involves university personnel processing a payment card via a university computer. Backoffice processing is strongly discouraged due to stringent PCI requirements.

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List all staff members who are currently authorized to process payment card transaction (attach a separate sheet if necessary)

Name (last, first)	User ID	Phone Number	Intent to Comply	Date of PCI Training	Date of Rcpt Training

Required Supporting Documentation

    SignedIntent to Comply with Payment Card Acceptance and Security Policy(Policy 14.8) from person submitting this request

    List of positions that will have access to payment card information.

    List of computers, if applicable, that will be used to process payment card information.

By signing below, the authorizing party confirms that

    Personnel with payment card access have read Policy 14.8 and agree to adhere to it.

    Personnel with payment card access will complete required PCI and Receipt training before accepting credit cards.

    Written departmental procedures for the acceptance of payment cards are required.

    The Department agrees to continued participation in any required compliance programming, including completing annual Self Assessment Questionnaires (SAQ), attending security training, and implementing appropriate departmental procedures.

    General Counsel has reviewed and approved all third party contracts, agreements and terms & conditions with outside vendors .

    The department acknowledges responsibility for the fees and other costs associated with the acceptance of payment cards.

Signature of Department Head or Director   Date

Printed Name and Title

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Computers Used to Process Payment Card Information

Department Name   _____

Building & Room #	IP Address	Receives Emails Yes/No	Connected to Internet Yes/No
_____	_____	_____	_____