

UCSC - PCI Merchant Application

Important: For full functionality, it may be necessary to download a copy of this form to your computer and open it with Adobe Reader or Acrobat Professional. To save a completed form, you may need Acrobat Professional. For technical and accessibility assistance, contact finaff-tech@ucsc.edu.

Section 1: Department Information

Department:

Building:

Mailstop:

Room Number:

Section 2: Department Contact Information

Department Head

Name:

Phone:

Fax #:

Email:

Business Officer Responsible For Departmental Cashiering Process

Name:

Phone:

Fax #:

Email:

Department Contact

Name:

Phone:

Fax #:

Email:

Section 3: Credit Card Processing Information

Check below to mark which credit cards that will be accepted

Visa

MasterCard

Discover

American Express

Section 4: Reason For Credit Card Merchant Application

Describe activities that generate revenue:

Insert actual sales volume for the last three fiscal years, and projected sales volume for the current and next two years assuming credit cards can be accepted as a means of payment:

Estimate the percentage of projected sales paid with credit cards:

Explain the benefits to Campus resulting from the department accepting credit cards as a means of payment:

Check below the planned credit card transaction handling process, including procedures for handling refunds and chargebacks. Include an explanation of the staff positions involved in the process. Please choose all that apply if, more than one.

- Mechanical imprint machine
- Standalone dial-up terminal with telephone connection
- Point-of-sale payment system installed on a computer connected to the Internet to transmit cardholder data
- Point-of-sale dedicated payment system connected to the Internet to transmit cardholder data
- Web payment portal and internet payment gateway (in-house or third-party hosted)
- Other - (describe below)

Additional Description Of Card Transaction Handling Process:

Section 5: UCSC Credit Card Merchant Policy Certification

Filling in "Department or Program Name" below, signifies a full understanding and acceptance of all of the terms, conditions, and policies related to being a UCSC credit card merchant:

Enter Department or Program Name:

_____ understands and agrees to operate our credit card merchant operation in full compliance with terms and conditions described in the [UCSC Credit Card Merchant Policy](#).

Upon review of the request by the Campus Credit Card Coordinator and the Assistant Vice Chancellor – Financial Affairs, the department head will be notified of the determination

Upon approval, a designated merchant department representative will work with the Campus Credit Card Coordinator and the credit card company to obtain the equipment, establish a terminal identification number, and coordinate training of departmental credit card transaction handlers

Section 6: Submit Information

Scan and email this application to the Credit Card Coordinator: editmars@ucsc.edu. Original copies should be kept for your records.