LOUISIANA STATE UNIVERSITY

Louisiana State University
Office of Accounting Services
Bursar Operations
125 Thomas Boyd Hall

CREDIT CARD MERCHANT AGREEMENT AND REQUEST AS537

Merchant Name *(will print on customer's receipt and statement; 24 character limit on name)*		
Contact Name		
Phone	Fax	E-mail
Person responsible for PCI Compliance & Annual Assessment	Name	
Phone	E-mail	
Person responsible for Account Reconciliation	Name	
Phone	E-mail	
Driving Worktag:	Spend Category:	Ledger Account:
Merchant Address *(print full address)*	Ship to Address *(if different from Merchant Address)*	
Business Name	Business Name	
Address	Address	
City, State, Zip	City, State, Zip	

A. Indicate methods to process credit card transactions:
- ☐ Accepting credit card payments through an Internet website
- ☐ Using a terminal connected to a computer
- ☐ Sending credit card transactions via the Internet
- ☐ Using wireless
- ☐ Using a terminal connected to a data phone line
- ☐ Using Point of Sale software
- ☐ Using third party software

B. Information about your business:
1. Approximate annual credit card sales volume: _____ Estimated Average Ticket Amount: _____
2. Services or product you sell? _____
3. Seasonal Business? ☐ Yes ☐ No If Yes, indicate months business is open:
   ☐ Jan ☐ Feb ☐ Mar ☐Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

C. If using a credit card terminal connected to a data phone line, please complete the following:
1. Indicate number of terminals ordered: _____
2. If using an existing terminal, indicate manufacturer's name and model: _____

D. If using Internet, Software and/or Wireless, please complete the following:
1. If your department is redirecting the transmission of credit card data to a third party PCI service provider (i.e. CyberSource): a. Internet Service Provider (ISP) Name: _____
   b. Service Provider's product name & version #: _____
   c. Department's website address: _____
2. If your department is using software in processing credit cards: a. Software Name & version #: _____
   b. ISP Name: _____ c. Department's website address: _____
3. If your department is using a wireless terminal: a. Cellular Company Name: _____

I have read LSU's Credit Card Merchant Policy (FASOP: AS-22) and agree to the responsibilities, policies, and procedures established therein. I understand it is my responsibility to supervise the activity of credit card handlers and report any breach of credit card information and to immediately remedy such (PCI) policies to my staff and perform an annual self-assessment. Further, if processing Internet transactions, I agree to perform or supervise the required annual assessment and system scan, if applicable.

_____	_____	_____
Supervisor's Signature	Print Name	Date
_____	_____	_____
Department Head's Signature	Print Name	Date

FOR ACCOUNTING SERVICES USE ONLY

Processed by _____ Date _____

Rev 06/16