



LOUISIANA STATE UNIVERSITY

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

CREDIT CARD MERCHANT AGREEMENT AND REQUEST

AS537

Form with fields for Merchant Name, Contact Name, Phone, Fax, E-mail, PCI Compliance & Annual Assessment, Account Reconciliation, Driving Worktag, Spend Category, Ledger Account, Merchant Address, Ship to Address, Business Name, and Address.

- A. Indicate methods to process credit card transactions:
B. Information about your business:
C. If using a credit card terminal connected to a data phone line, please complete the following:
D. If using Internet, Software and/or Wireless, please complete the following:

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.

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

FOR ACCOUNTING SERVICES USE ONLY

Processed by _____ Date _____