|  |  |
| --- | --- |
| Division/ Department Name: |  |
| Business Unit Name: |  |
| Merchant ID: |  |
| Merchant ID Source: | \_\_\_\_ MID issued to Sacramento State Tax-ID  \_\_\_\_\_\_E-Commerce outsourced with third party Merchant ID  \_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Financial Account Location (University, Auxiliary Organization): |  |
| Business unit functional contact name: |  |
| Business unit functional contact title: |  |
| Business unit functional Telephone: |  |
| Responsible Administrator (MPP) Name: |  |
| Responsible Administrator (MPP) Title: |  |
| Responsible Administrator (MPP) Telephone: |  |
| Payment Card Brand: |  |
| Transactions/YR (#): |  |
| E-Commerce Transactions/YR: |  |

**Certification:**

The credit card business process inventory information provided is a fair and accurate representation of surrounding credit card acceptance.

Certified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsible Administrator (MPP) Signature Date

**Please complete, sign, and upload electronic copy to PCI Portal**

How to Complete the Electronic Credit Card Acceptance Business Process Inventory

This questionnaire is intended to document business unit (department/organization) credit card acceptance processes. Please submit one questionnaire per business unit (departments with multiple business units should submit multiple questionnaires). Please answer the following questions based on your business unit’s credit card handling procedures and your relationship with your credit card processing service provider.

In addition to answering the questions below, please attach the following required documents:

1. Copy of your contract with your service provider.
2. Copy of the service provider Attestation of Compliance.
3. Copy of your Departmental credit card handling procedures.
4. Please provide a contact list and the role of ALL 3rd parties providing cardholder data storage, transmission or processing services?
5. Copy of data flow diagram or narrative for each channel or process which describes how the cardholder data is accepted by your department/service from the time the customer provides it to transaction completes.

Please briefly describe why your business unit is accepting credit cards **electronically.** What are your customers obtaining with their credit cards and what is your department’s role in the payment flow (receiving credit card number or receiving transaction information or both)?

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**List All Card Acceptance Channels Performed by the Business Unit:**

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| 1. **How is the customer cardholder information received?**   **(check all that apply and describe any other forms of acceptance)** | |
| \_\_Paper (via postal mail or in-person) | Telephone. *Where is the card number recorded?* |
| \_\_Computer Keyboard |
| \_\_Terminal using phone line | Other. *List all other types of electronic credit card acceptance channels or processing.* |
| \_\_Terminal using cellular |
| \_\_Terminal using Ethernet |
| \_\_Point of Sale System |
| \_\_E-Commerce Web |
| \_\_E-mail (NOT ALLOWED) |
| \_\_FAX *Number* |

**Card Processing:**

|  |  |
| --- | --- |
| **If the customer cardholder information is received via Mail, Paper, Terminal Card Swipe, or POS, how are the transactions processed?** | |
| \_\_Payment application (In house) | \_\_Other (Please Describe) |
| \_\_Payment Gateway |
| \_\_Entered to a web interface |  |
| \_\_Don’t Know |
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| --- | --- |
| **If the customer cardholder information is received via Web Site, how are the transactions processed?** | |
| \_\_ Web application (In house) | \_\_ Other (Please Describe) |
| \_\_ Re-direct to Payment Processing Gateway |
| \_\_ Entered to a web interface |  |
| \_\_ Website hosted in house |
| \_\_ Website hosting outsourced |
| \_\_ Don’t Know |
|  |

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| --- | --- |
| 1. **After the card is processed what do you receive back from processor?** | |
| \_\_ Full Card Number | \_\_ Other (Please Describe) |
| \_\_ Transaction Number |
| \_\_ Last 4 Digits/First 6 |  |
| \_\_ Truncated Number |
| \_\_ Don’t Know |

**Please list all application names used to process credit cards**

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**Please list all systems and database used to store credit cards**

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**Please list all systems used to transmit credit cards**

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