

Purpose of this Form: This form must be completed and approved before accepting eCommerce credit card payments via [Cashnet eMarket](#).

**Note:** For instructions on how to complete this form, visit [www.cmu.edu/finance/forms/files/ecommerce-req-instructions.pdf](http://www.cmu.edu/finance/forms/files/ecommerce-req-instructions.pdf).

PCI DSS Notice: CMU's credit card processing is subject to the Payment Card Industry Data Security Standards. Prior to submitting this form, review the PCI DSS Policy and Guidelines. For questions related to this information and your compliance obligations, contact [pci-dss@lists.andrew.cmu.edu](mailto:pci-dss@lists.andrew.cmu.edu). All merchants are subject to annual PCI DSS training and reporting requirements.

TRAIN Store Number (if known): \_\_\_\_\_ Storefront Number(s) to be Decommissioned: \_\_\_\_\_  
Request Date: \_\_\_\_\_ Planned Launch Date: \_\_\_\_\_ Planned End Date (if known): \_\_\_\_\_

### Merchant Organization Information

Requesting Organization or Department Name: \_\_\_\_\_  
Business Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Technical Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_

### eCommerce Information

Briefly describe the purpose of the checkout page or storefront, the products and/or service offered for sale, and the target customers/market (students, CMU employees, alumni, or individuals outside the campus):

Page type: \_\_\_\_\_ Note: Gateway must be fully outsourced to a third-party provider

eMarket (limit 50 characters): \_\_\_\_\_

If custom application, provide URL: \_\_\_\_\_

Types of credit cards the site will accept: \_\_\_\_\_ Will the site collect payments for an event? \_\_\_\_\_

If the event is recurring, provide: Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Will you offer discounts: \_\_\_\_\_

### eMarket Page Information (Required for all eMarket types)

Administrator Email(s): \_\_\_\_\_ Help Email(s): \_\_\_\_\_

Failed Transaction Email(s): \_\_\_\_\_

Does revenue relate to a sponsored project award? (e.g., program income): \_\_\_\_\_

Estimated Annual Revenue: \_\_\_\_\_ Estimated Annual Refund (enter "0" if none expected): \_\_\_\_\_

Do you plan to use address verification system (AVS)? \_\_\_\_\_

Do you wish to set up server-to-server file transfer for your transaction files? \_\_\_\_\_

**Checkout/Gateway Page Information**

Department Contact for PCI Compliance: \_\_\_\_\_

Callback URL(s):      Successful Transaction: \_\_\_\_\_

Failed Transaction: \_\_\_\_\_

Third-Party Integration Partner (if used): For example, Technolutions/Slate or UniversityTickets

**Cashnet Access**

Note: All employees with access to credit card data are required to complete annual PCI DSS training.

Complete this field to give additional users access to your Cashnet environment.

Andrew ID: \_\_\_\_\_ Role: \_\_\_\_\_

Andrew ID: \_\_\_\_\_ Role: \_\_\_\_\_

Andrew ID: \_\_\_\_\_ Role: \_\_\_\_\_

**Oracle Account Information**

*This section must be completed in its entirety. Your request will not be processed without this information. For questions, contact Financial Reporting at [Fin-Rptg@andrew.cmu.edu](mailto:Fin-Rptg@andrew.cmu.edu).*

Oracle string to charge for monthly credit card processing fees:

Object Code	Funding Source	Function	Activity	Organization	Entity
85374					

Provide a valid Oracle revenue string for each product and/or service offered for sale. Revenue object codes must have a function of 000. Attach additional pages to this form if needed.

Object Code	Funding Source	Function	Activity	Organization	Entity	Item
		000				
		000				
		000				
		000				

If using funding source numbers 000005, 061000, 062000, 063000, 064000, 065000, 066xxx, 100000, 140000, 200000, 240000, provide the Grants Accounting (GA) string:

Project: \_\_\_\_\_ Task: \_\_\_\_\_ Award: \_\_\_\_\_

**Approvals**

Note: After initial set-up, you must inform Financial Reporting if the checkout page or storefront purpose and/or Oracle account information changes.

\_\_\_\_\_  
ALG Member\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

Finance Division Use Only

Treasury	Signature	Date
Financial Reporting	Signature	Date
Taxation	Signature	Date
Assigned Storefront Number: _____		

Submit completed form to [cashnet-info@andrew.cmu.edu](mailto:cashnet-info@andrew.cmu.edu) and allow 5 - 7 days for processing.