# TransFirst Credit Card Equipment Request Form

<table>
<thead>
<tr>
<th>Campus: UAF</th>
<th>Billing Address: PO Box 757920</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department Requesting: ______________________</td>
<td>Fairbanks, AK 99775-7920</td>
</tr>
<tr>
<td>Responsible Party: ______________________</td>
<td>Contact Person: Jessica MacCallum</td>
</tr>
<tr>
<td>Phone: ___________ Email:________________________</td>
<td>Phone: 907-474-6191 Email: <a href="mailto:jlnoble@alaska.edu">jlnoble@alaska.edu</a></td>
</tr>
<tr>
<td>Address of Physical Location: ____________________</td>
<td>MID# (completed by Bursar's Office): ____________________</td>
</tr>
</tbody>
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Fund/org to be charged: ______________________ / ______________________

Number of terminal(s) requested:

- ProcessNow Card Reader for UA locked iPad, iPhone or Andriod ($49.99): _______
- VeriFone Vx520 – EMV Compatible ($299.00): ______
- VeriFone Vx680 Wireless Terminal – GPRS 3G, EMV Compatible ($699.95): ______
- Ingenico iCTT250 – EMV Compatible ($329.00): ______
- Ingenico iWL250 Wireless Terminal – GPRS 3G, EMV Compatible ($799.95): ______

By signing below, I attest that I will sign and forward a PCI Security Agreement Form to the Bursar's Office within one week of request. By doing so, I understand this means I have read and understand the University of Alaska Accounting and Administrative Policy for Payment Card Industry (PCI). Furthermore, I understand that failure to do so may result in a loss of credit card processing privileges.

All university employees and authorized TXP/TransLink users are responsible for the security and confidentiality of university data, records, and reports. Individuals who have access to confidential data are responsible for maintaining the security and confidentiality of such data as a condition of their employment. The unauthorized use of, or access to, confidential data is strictly prohibited and will subject the individual to disciplinary action up to and including termination and prosecution to the fullest extent permitted by law.

I have read and fully understand the above statement and shall comply with said statement and rules.

Name: __________________________ Signature: __________________________ Date: __________

FBO Approval: __________________________ Date: __________

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UAF is an AA/EO employer and educational institution.