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**REPORT CENTER and TRANSACTION HISTORY ACCESS FORM**

Company Name: \_\_\_\_\_ Company #: \_\_\_\_\_

1. Please be sure to include the information below for all employees who need to access Transaction History and Paymentech Online Report Center. Report delivery will be web based via Paymentech Online.
2. Please fax this signed form to Merchant Services at 603-896-8715 or email to [Merchant\\_Services@ChasePaymentech.com](mailto:Merchant_Services@ChasePaymentech.com).
3. Standard reporting consists of financial and chargeback activity reports, some reports may have fixed default levels.

**Please be sure to complete all fields below.**

Mr.  Ms.  Mrs. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Email Address: (40 bytes) \_\_\_\_\_  
(username@domain.com)

**Do you have an existing User ID?**  Yes  No If yes, provide UserID: \_\_\_\_\_

**Is this Contact's User access to be mirrored?**  Yes  No If yes, provide name: \_\_\_\_\_

**Is this User replacing an existing User contact?**  Yes  No If yes, provide name: \_\_\_\_\_

**Has current contact left the company?**  Yes  No

**Does this User require access to:**  Reporting  Transaction History or  Both

**Account Masking:**  First 6/Last 4 **or**  Last 4 (None selected will default to current company setting)

**Standard access is Company level (includes all BU's, FTI's and TD's) unless specific BU, FTI or TD is selected below:**  
 (Please select only one)

**Business Unit** (includes all related TD's) **Or**  **Funds Transfer (FTI)** **Or**  **Transaction Division**

Please specify PBU, BU, TD or FTI Numbers \_\_\_\_\_

Mr.  Ms.  Mrs. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Email Address: (40 bytes) \_\_\_\_\_  
(username@domain.com)

**Do you have an existing User ID?**  Yes  No If yes, provide UserID: \_\_\_\_\_

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**Is this User replacing an existing User contact?**  Yes  No If yes, provide name: \_\_\_\_\_

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**Account Masking:**  First 6/Last 4 **or**  Last 4 (None selected will default to current company setting)

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 (Please select only one)

**Business Unit** (includes all related TD's) **Or**  **Funds Transfer (FTI)** **Or**  **Transaction Division**

Please specify PBU, BU, TD or FTI Numbers \_\_\_\_\_

**For additional Users, please submit additional forms.**

I, \_\_\_\_\_, \_\_\_\_\_ verify that the  
(Print Name) (Title)\*

contact information is accurate, that I have the authority to make such a request and thus it should be used to grant access for these contacts to access Transaction History and/or Report Center. You, the merchant, are responsible for advising Chase Paymentech of changes to Paymentech Online contacts. Chase Paymentech assumes no responsibility or liability of any kind for Merchant's failure to advise Chase Paymentech of changes to or elimination of Paymentech Online Users.

**Signature:** \_\_\_\_\_

**\*(must be signed by Executive or Financial Contact)**

Chase Paymentech Europe Limited, trading as Chase Paymentech, is regulated by the Central Bank of Ireland.

Registered Office: Eastpoint Plaza, 2<sup>nd</sup> Floor, East Point Business Park, Dublin 3, Ireland.

Registered in Ireland with the CRO under the Registration No. 474128.

Directors: Shane Fitzpatrick, Kevin Moran.