

PAYPAL PAYFLOW PRO USER ACCESS FORM

EACH MID WILL REQUIRE A FORM FOR EACH USER

FILL OUT ASTERISK (*) PORTIONS ONLY

*USER INFO:

*CONTACT NAME: _____

*PHONE: _____

*EMAIL: _____

*TITLE: _____

*UIN: _____

*CREATE NEW USER : YES NO

*DELETE USER : YES NO

PAYPAL STORE NAME: OFFICE USE ONLY
USER LOGIN: OFFICE USE ONLY
USER: _____
USER PW: _____
PRIVILEGE TO USER: OFFICE USE ONLY
PREDEFINED ROLE: API_FULL_TRANSACTIONS
VIEW BILLS: Y

*PLEASE COMPLETE REQUIRED PCI TRAINING
SEND PDF OF TRAINTRAQ WITH THIS FORM
TO MERCHANT.SERVICES@TAMUCC.EDU
PCI Compliance Training – Course #11013
PCI DSS for Cashiers – Course #2112477

*PRINT SUPERVISOR NAME: _____ DATE: _____

*SUPERVISOR SIGNATURE: _____ DATE: _____

COMPROLLER SIGNATURE: _____ DATE: _____