

Attestation of Compliance, SAQ A

Instructions for Submission

The merchant must complete this Attestation of Compliance as a declaration of the merchant's compliance status with the *Payment Card Industry Data Security Standard (PCI DSS) Requirements and Security Assessment Procedures*. Complete all applicable sections and refer to the submission instructions at "PCI DSS Compliance – Completion Steps" in this document.

Part 1. Qualified Security Assessor Company Information (if applicable)

Company Name:

Lead QSA Contact
Name:

Title:

Telephone:

E-mail:

Business Address:

City:

State/Province:

Country:

ZIP:

URL:

Part 2. Merchant Organization Information

Company Name:

DBA(S):

Contact Name:

Title:

Telephone:

E-mail:

Business Address:

City:

State/Province:

Country:

ZIP:

URL:

Part 2a. Type of merchant business (check all that apply):

- ☐ Retailer ☐ Telecommunication ☐ Grocery and Supermarkets
☐ Petroleum ☐ E-Commerce ☐ Mail/Telephone-Order ☐ Others (please specify):

List facilities and locations included in PCI DSS review:

Part 2b. Relationships

Does your company have a relationship with one or more third-party service providers (for example, gateways, web-hosting companies, airline booking agents, loyalty program agents, etc)? ☐ Yes ☐ No

Does your company have a relationship with more than one acquirer? ☐ Yes ☐ No



Part 2c. Eligibility to Complete SAQ A

Merchant certifies eligibility to complete this shortened version of the Self-Assessment Questionnaire because:

- ☐ Merchant does not store, process, or transmit any cardholder data on merchant premises but relies entirely on third party service provider(s) to handle these functions;
- ☐ The third party service provider(s) handling storage, processing, and/or transmission of cardholder data is confirmed to be PCI DSS compliant;
- ☐ Merchant does not store any cardholder data in electronic format; **and**
- ☐ If Merchant does store cardholder data, such data is only in paper reports or copies of receipts and is not received electronically.

Part 3. PCI DSS Validation

Based on the results noted in the SAQ A dated *(completion date)*, *(Merchant Company Name)* asserts the following compliance status (check one):

- ☐ **Compliant:** All sections of the PCI SAQ are complete, and all questions answered "yes," resulting in an overall **COMPLIANT** rating, thereby *(Merchant Company Name)* has demonstrated full compliance with the PCI DSS.
- ☐ **Non-Compliant:** Not all sections of the PCI SAQ are complete, or some questions are answered "no," resulting in an overall **NON-COMPLIANT** rating, thereby *(Merchant Company Name)* has not demonstrated full compliance with the PCI DSS.
 - **Target Date** for Compliance:
 - An entity submitting this form with a status of Non-Compliant may be required to complete the Action Plan in Part 4 of this document. *Check with your acquirer or the payment brand(s) before completing Part 4, since not all payment brands require this section.*

Part 3a. Confirmation of Compliant Status

Merchant confirms:

- ☐ PCI DSS Self-Assessment Questionnaire A, Version *(version of SAQ)*, was completed according to the instructions therein.
- ☐ All information within the above-referenced SAQ and in this attestation fairly represents the results of my assessment.
- ☐ I have read the PCI DSS and I recognize that I must maintain full PCI DSS compliance at all times.

Part 3b. Merchant Acknowledgement

Signature of Merchant Executive Officer ↑

Date ↑

Merchant Executive Officer Name ↑

Title ↑

Merchant Company Represented ↑



Merrick Bank

**Internet / MOTO
Merchant Questionnaire**

1. What percentage do you sell to Business _____ % Public _____ %
2. Do you have a retail location? Yes ☐ No ☐
3. What percentage of sales will be from Mail _____ % Retail location _____ %
Telephone _____ % Internet _____ %
4. Do you sell a service or product? Service ☐ Product ☐
5. What is the physical address of your business?

State _____ ZIP _____
6. Is the product stored at the above address? Yes ☐ No ☐
7. If not stored onsite, please provide address where product is held.

State _____ ZIP _____
8. Do you own the product/inventory? Yes ☐ No ☐
9. Do you sell Nationally ☐ Locally ☐
10. Who is your current bankcard processor? _____
11. How many chargebacks did you have for the previous year? _____
What was the total dollar amount for those chargebacks? \$ _____
12. When do you charge the customer? Shipment ☐ Order ☐
13. How many days from the time of order does it take to deliver merchandise to the customer?
1-7 days ☐ 8-14 days ☐ 14+ days ☐
14. Are any other companies involved in the accepting, shipping, or fulfilling the service or product or the billing of the customer (i.e. fulfillment house)? Yes ☐ No ☐
15. If yes, who are they and what do they do? Use a separate sheet if necessary.

16. How do you advertise? (Catalogs, magazines, TV, Internet, etc. List all that apply.)

17. Please describe your refund policy.
