



Application: Access to EVO Payments Client Portal BIS

Recommended for all **e-commerce merchants** and terminal merchants with high credit card volume. Girocard payments are not displayed.

Company name _____

Client no. / Terminal ID _____

Please complete and sign and send to support.EMEA@EVOpayments.com or per fax to **+49 221 99577-8777** or per mail to **EVO Payments International GmbH, Department Client Service, Elsa-Brändström-Str. 10-12, 50668 Köln, Germany.**

The EVO Payments client portal BIS (Business Information System) delivers information on your transactions. It also includes information which provide you with a detailed overview of your transactions and the state of your accounts and balances:

- > **Chargeback:** The contact partner will be informed of new retrieval requests (requests for vouchers) / chargebacks per e-mail. He/She can submit appropriate objections or replies and will be informed of changes in the processing status.
- > **Document Center:** The contact partner has online access to credit card clearing documents and invoices. He/She will be informed per e-mail as soon as EVO Payments has prepared these documents.
- > **Risk-Reports:** The contact partner obtains access to the chargeback and fraud monitoring. Moreover, the contact partner will receive information on risk management topics.
- > **Standard-Reports:** The Merchant will be supplied with standard reports depending on the services ordered. The types of reports provided depend on the commissioned products.

Please complete the application form on the PC or in clearly legible block letters. Please check the access rights desired for each person. If access rights are to be established for more than two persons, please copy this application form and fill it out appropriately.

Authorized user 1

Mr.* Ms.* _____
First and last name*

Phone* _____ Mobile phone _____

Fax _____ E-mail* _____

different company name:

Access to:

- Chargeback
- Document Center
- Risk reports
- Standard reports (BIS)

Company name and address _____

Authorized user 2

Mr.* Ms.* _____
First and last name*

Phone* _____ Mobile phone _____

Fax _____ E-mail* _____

different company name:

Access to:

- Chargeback
- Document Center
- Risk reports
- Standard reports (BIS)

Company name and address _____

* Mandatory fields

Name in capital letters

City, date, signature



Contacts

Company name

Client no. / Terminal ID

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For contacting EVO Payments or communicating on different subjects, please specify the responsible persons of your company.

- > **Main contact:** The main contact is the first contact person. Only one main contact can be specified.
- > **General information:** Recipient for communication about any general topic.
- > **Down info:** Scheduled maintenance windows and system failures are communicated to this contact person.
- > **PCI:** Contact person for inquiries regarding the Payment Card Industry Data Security Standard (abbreviation: PCI or PCI-DSS). PCI is a set of rules issued by the credit card organizations that refers to data security in the processing of credit card transactions. Proof of compliance with the rules must be submitted regularly.
- > **Technical issues:** Contact person for technical and process-related issues.
- > **Agreement:** Contact person for clearing of contractual issues.

Please complete the application form on the PC or in clearly legible block letters. Please check the responsibilities desired for each person. If responsibilities are to be established for more than two persons, please copy this application form and fill it out appropriately.

Contact person 1

Mr.* Ms.* _____
First and last name*

Phone* Mobile phone

Fax E-mail*

different company name:

Contact person for:

- Main contact (only 1 x)
- General information
- Down info
- PCI
- Technical issues
- Agreement

Company name and address

Contact person 2

Mr.* Ms.* _____
First and last name*

Phone* Mobile phone

Fax E-mail*

different company name:

Contact person for:

- General information
- Down info
- PCI
- Technical issues
- Agreement

Company name and address

* Mandatory fields

Name in capital letters

City, date, signature

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