

PCI Compliance 1-2-3 Enrollment

Step 1 Step 2

Please enter your company information to begin the PCI DSS Assessment:

* denotes a required field

Company Name*: Orgs Test
DBA/Trading Name:
Street*: dba_address
City*: dba_city
State/Province: GA
Country*: United States
Zip/Postal Code*: 11111
Contact Name*: Dawn Bailey
Title:
Contact Telephone*: 310-359-9094
Contact E-mail*: dawn@ndmscorp.com
Contact Web Site: e.g.,
www.controlscan.com

SELECT MERCHANT TYPE*:

(check all that apply; if you are a [Service Provider](#), [click here](#))

- ☐ Retailer ☐ Groceries and Supermarkets
☐ Petroleum ☐ Mail / Telephone Order
☐ Telecommunications ☐ Healthcare
☒ E-Commerce ☐ Others (please specify)

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PCI Compliance 1-2-3 Enrollment

Step 1 Step 2

SELF ASSESSMENT QUESTIONNAIRE (SAQ) PROFILE

Tip: Hover your mouse over any blue text for help and more detailed information.

Check **ONLY** the processing method(s) which apply to you.
This will help determine which version of the questionnaire is appropriate for your business.

Swipe Terminal



- ☐ Swipe Terminal connected to a traditional phone line.
- ☐ Swipe Terminal that transmits over the Internet (e.g. VoIP, Vonage, DSL, Cable, WiFi).
- ☐ Swipe Terminal connected to cellular wireless (e.g. AT&T, Verizon Wireless).

Virtual Terminal



- ☐ **Manually** enter credit card information into a website that you have logged into (e.g. Authorize.net, USA ePay, etc.).
- ☐ Use a **swipe device** to enter credit card information into a website that you have logged into (e.g., using a card reader with Authorize.net, USAePay, etc.)

POS System



- ☐ POS System (e.g. Payment and Sales Management Software).

Shopping Cart / Online Payment Page



- ☒ Outsourced: During the purchase, payment or donation process, your customer's Internet browser is redirected to a checkout/payment page that is **controlled by a third party service provider**.
- ☐ Non-Outsourced: During the purchase, online payment or donation process, your customer enters credit card information on a checkout/payment page that **is part of your website**.

Examples: Shopping Cart (Outsourced) Payment Applications

Example Vendor Name	Example Application Name	Example Version
Authorize.net	Gateway / Hosted Payment Form	NA
Google Checkout	Google Checkout	NA
PayPal	Gateway / Payflow Link	NA
Plug and Pay	Virtual Terminal	NA
USA ePay	Gateway / ePayment Form	NA
Yahoo!	Yahoo! Stores	NA

Please Enter Your Payment Application Information

Vendor Name	Application Name	Version
USA ePay	Gateway / ePayment Form	NA

+ Add Additional Payment Application (Optional)

- Remove Additional Payment Application (Optional)

Phone / Paper



- ☐ Submit credit card orders to your processor via telephone or paper (e.g. Call 800#).

Please answer the following YES or NO questions:

Remember, you can hover your mouse over blue text for help.

Do you **electronically store credit card numbers**? ☐ Yes ☒ No

Does your company have a relationship with one or more **third-party agents** (e.g. gateways (Authorize.net, Shift 4), web-hosting companies, airline booking agents, loyalty program agents, etc.)? ☒ Yes ☐ No

Does your company have a relationship with more than one **credit card processor (acquirer)**? ☐ Yes ☒ No

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PCI Self Assessment Questionnaire Type A

Based on your previous answers, you qualify for SAQ A. Please verify your eligibility below and proceed to the questionnaire.

Please note: You must agree to all conditions in order to continue.

Eligibility

SAQ A: Card-not-present, All Cardholder Data Functions Outsourced

SAQ A has been developed to address requirements applicable to merchants who retain only paper reports or receipts with cardholder data, do not store cardholder data in electronic format and do not process or transmit any cardholder data on their premises.

SAQ A merchants, do not store cardholder data in electronic format and do not process or transmit any cardholder data on their systems. Such merchants validate compliance by completing SAQ A and the associated Attestation of Compliance, confirming that:

Your company does not store, process, or transmit any cardholder data on merchant systems or premises, but relies entirely on third party service provider(s) to handle these functions

☒ Agree

Your company has confirmed that the third party service provider(s) handling storage, processing, and/or transmission of cardholder data is confirmed to be PCI DSS compliant

☒ Agree

Your company does not store any cardholder data in electronic format

☒ Agree

If your company does store cardholder data, such data is only in paper reports or copies of receipts and is not received electronically

☒ Agree

If you are unable to agree to all eligibility requirements you may need to [update your SAQ profile](#).

If using a [Qualified Security Assessor \(QSA\)](#), please [click here](#). Otherwise click "Next"

If you are unable to agree to all eligibility requirements and want to take the full Type D SAQ, [please click here](#).

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PCI Self Assessment Questionnaire Type A

Please read each question carefully and answer truthfully. If you need further explanation for a specific question, select "More Information" for clarification. When you have completed all questions in a requirement section, the status will indicate "Done." Once you have completed all requirements sections, you may select "Get Report" to see your compliance status.

Expand All
Collapse All

Questionnaire

Save & Finish Later

Requirement 9

Restrict physical access to cardholder data

Done

9.6 All media is physically secured (including but not limited to computers, removable electronic media, paper receipts, paper reports, and faxes). For purposes of Requirement 9, "media" refers to all paper and electronic media containing [cardholder data](#).
[More Information >>](#)

Please select the reason closest to why this does not apply...

This does not apply to my business

☐ True
☐ False
☒ N/A

9.7a Strict control is maintained over the internal or external distribution of any kind of media.
[More Information >>](#)

Please select the reason closest to why this does not apply...

This does not apply to my business

☐ True
☐ False
☒ N/A

9.7b Do controls include the following:
[More Information >>](#)

9.7.1 Media is classified so the sensitivity of the data can be determined.
[More Information >>](#)

Please select the reason closest to why this does not apply...

This does not apply to my business

☐ True
☐ False
☒ N/A

9.7.2 Media is sent by secured courier or other delivery method that can be accurately tracked.
[More Information >>](#)

Please select the reason closest to why this does not apply...

This does not apply to my business

☐ True
☐ False
☒ N/A

9.8 [Logs](#) are maintained to track all media that is moved from a secured area, and management approval is obtained prior to moving the media (especially when media is distributed to individuals).
[More Information >>](#)

Please select the reason closest to why this does not apply...

This does not apply to my business

☐ True
☐ False
☒ N/A

9.9 Strict control is maintained over the storage and accessibility of media.
[More Information >>](#)

Please select the reason closest to why this does not apply...

This does not apply to my business

☐ True
☐ False
☒ N/A

9.10 All media is destroyed when it is no longer needed for business or legal reasons.
[More Information >>](#)

☐ True
☐ False
☒ N/A

Please select the reason closest to why this does not apply...

This does not apply to my business ▼

9.10.1 Destruction is performed as follows:

[More Information >>](#)

9.10.1a Hardcopy materials are cross-cut shredded, incinerated, or pulped so that [cardholder data](#) cannot be reconstructed.

[More Information >>](#)

- ☐ True
☐ False
☒ N/A

Please select the reason closest to why this does not apply...

This does not apply to my business ▼

9.10.1b Containers that store information to be destroyed are secured to prevent access to the contents. (For example, a "to-be-shredded" container has a lock preventing access to its contents.)

[More Information >>](#)

- ☐ True
☐ False
☒ N/A

Please select the reason closest to why this does not apply...

This does not apply to my business ▼

▼ **Requirement 12**

Maintain a policy that addresses information security for all personnel

Done 

12.8 If [cardholder data](#) is shared with [service providers](#), policies and [procedures](#) are maintained and implemented to manage [service providers](#), as follows:

[More Information >>](#)

12.8.1 A list of [service providers](#) is maintained.

[More Information >>](#)

- ☒ True
☐ False
☐ N/A

12.8.2 A written agreement is maintained that includes an acknowledgment that the [service providers](#) are responsible for the security of [cardholder data](#) the service providers possess.

[More Information >>](#)

- ☒ True
☐ False
☐ N/A

12.8.3 There is an established process for engaging [service providers](#), including proper due diligence prior to engagement.

[More Information >>](#)

- ☒ True
☐ False
☐ N/A

12.8.4 A program is maintained to [monitor service providers' PCI DSS](#) compliance status at least annually.

[More Information >>](#)

- ☒ True
☐ False
☐ N/A

<< Edit SAQ Profile

Get Report

PCI Self Assessment Questionnaire Type A

Please confirm the statements below and complete the Acknowledgement to finish the last section of the Self Assessment Questionnaire.

Acknowledgement

Based on the results noted in the SAQ dated 2013-04-19, your company asserts the following compliance status:

☒ **Compliant:** All sections of the PCI SAQ are complete, and all questions answered "true", resulting in an overall **COMPLIANT** rating, thereby your company has demonstrated full compliance with the PCI DSS.

Please confirm the following:

- ☒ PCI DSS Self-Assessment Questionnaire A, Version 2.0, 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 in all material respects.
- ☒ I have read the [PCI DSS](#) and I recognize that I must maintain full PCI DSS compliance at all times.

Merchant Acknowledgement:

Company Authorized Representative's Name:

Title:

Company Name:

☒ I certify I am an authorized representative of the company, and I have completed the PCI DSS Self-Assessment Questionnaire (SAQ) truthfully and accurately.

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Clicking Submit will finalize and lock your SAQ. You can download a report of your SAQ and/or start a new SAQ at any time in the future.

[Submit](#)

PCI Self Assessment Questionnaire Type A

Congratulations!

You have successfully completed the SAQ A questionnaire.

You are required to complete the Self-Assessment Questionnaire ("SAQ") on an annual basis.

[Click here](#) to take a short survey about your experience in completing the Self-Assessment Questionnaire ("SAQ").

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