



Client Data Transfer Request

Merchants may have their client data transferred to other Forte merchants or a PCI compliant third party for the indicated fees. Select the desired option and fill out the section accordingly, sign and date the request then fax the completed form to 469-675-8731. All requests will be authenticated and verified.

Merchant Name: _____ Current MID: _____

Date of Request: _____ Transfer Request Date: _____

Option #1: I want to transfer all client records to a Forte Merchant ID: _____

Include unprocessed (future) scheduled transactions: Yes No (Select one)

Client records will be transferred from one merchant account to the other after the request is approved.

Option #2: I want to transfer all client records to a Forte Merchant ID: _____

I want to transfer client records to multiple Forte Merchant IDs: Yes No (Select one)

Merchant will be provided a spreadsheet of clients and will need to fill in the Forte Merchant IDs they are to be transferred to. Client records will be transferred to the indicated Merchant IDs after the request is approved.

Option #3: I want to transfer client records to a PCI compliant third party

Send file via: Email (or) FTP (Required for 10,000+ records)

Data to be exported: All CC Only EFT Only Client Tokens Payment Tokens

Please provide the following:

- 1. Third party contact information including entity name and email address.*
- 2. We only accept data using a PGP Key. Please email the PGP key for encrypted file transfer to customerservice@forte.net; In the body, cite applicable Forte Merchant ID(s) and reference this faxed document. (Note: self-decrypting files are no longer acceptable).*
- 3. Proof of Third Party's PCI-Compliance – This will be required if we are unable to independently verify such compliance.*

Data will be provided in spreadsheet format. Encrypted file will be transferred to the third party after the request is approved and the third party's PCI compliance is verified. Transfer fee: \$149.00 + .10 per record. (Max charge \$500.00)

After the Transfer is complete: (Check one of the following)

Please Close MID _____ **Do Not** Close MID _____

Please Send a Closure Request form to _____ (email address)

If Option 3 is selected, the box below must be checked.

BY COMPLETING THIS FORM, CHECKING THIS BOX AND SIGNING BELOW, MERCHANT HEREBY AUTHORIZES FORTE TO TRANSFER MERCHANT'S CLIENT DATA AS IDENTIFIED HEREIN (THE "DATA") OUTSIDE OF FORTE'S SYSTEM AND MERCHANT ASSUMES FULL AND FINAL LIABILITY FOR THE DATA FROM THE TIME IT LEAVES FORTE'S SYSTEM. FORTE'S SOLE RESPONSIBILITY IS TO ENCRYPT THE DATA AND COMPLETE THE TRANSFER OF THE DATA TO THE NAMED THIRD PARTY AS REQUESTED BY MERCHANT AND MERCHANT RELEASES FORTE FROM ALL LIABILITY FOR THE DATA'S SECURITY ONCE OUTSIDE OF FORTE'S SYSTEM.

Current Forte Merchant ID _____

Title of Authorizing Individual _____

Authorized Signature: _____