![globalpayments logo]

Contacts

_____   _____
Company name   Client no. / Terminal ID

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

For contacting Global Payments Germany 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*

Contact person for:

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

☐ different company name:
_____
Company name and address

Contact person 2

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

_____   _____
Phone*   Mobile phone

_____   _____
Fax   E-mail*

Contact person for:

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

☐ different company name:
_____
Company name and address
* Mandatory fields

_____   _____
Name in capital letters   City, date, signature

Innovation that **delivers.**