



Discover Network Participant Administrator Designation and Authorization Form for Discover® Fraud Prevention Solutions

We, the "Participant" (Organization named below), designate the following individual as a Participant Administrator ("PA") for the Discover® Fraud Prevention Solutions, per the products(s) indicated below. As a Participant, we understand we must designate at least two PAs per requested product. Each PA is responsible for identification, authentication and notification processes between Participant and Discover Network as it relates to the service(s) herein. This may include the issuance of user credentials (a user ID and password) in order to participate in products and specifying the services users may access. In addition, after access to the specified product has been granted, each PA will be responsible for all actions to be taken on behalf of Participant in use of products. Discover Network may rely on and act upon instructions or other information related to the services specified below that Discover Network receives from (or reasonably believes has been received from) the PA, until Discover Network receives (and has had a reasonable time to act upon) a written name and enter revocation of this authorization. Any fees charged to Participants by any third party (i.e. Acquirers, Independent Sales Organizations, Fraud Service Providers or others) must be like-for-like with similar services provided by other brands. Discover Network and each Participant hereby represent and warrant that any nonpublic personal information of Cardholders received or verified in process of using any Fraud Prevention Solution will not be used for any purpose other than fraud prevention. Each Participant hereby further represents and warrants that Cardholders consented to such Participant's use and sharing of any nonpublic personal information with Discover Network and Card Issuers solely for fraud prevention purposes.

Fraud Prevention Solutions are made available solely to provide information that Participants may use to increase transaction review efficiencies and reduce the risk of disputes that allege fraud associated with card not present card sales. Discover Fraud Prevention Solutions do NOT provide authorization responses. Verifying data using Discover Fraud Prevention Solutions cannot be used as a response to a dispute with respect to a Discover Network card transaction. Discover Network shall not be liable to any Participant or other third party for any claim of damage or loss allegedly caused as a result of using Discover Fraud Prevention Solutions. Discover Network has not waived its applicable rights to initiate a dispute with respect to a Discover Network card transaction as set forth in the applicable agreement.

A Minimum of 2 PAs must be on file for each Participant

Section 1—Product Selection

- FRAUD ALERTS
- VERIFY+ STANDARD
- VERIFY+ PREMIUM
 - Yes, I want to receive the Verify+ Risk Score
 - No, I do not want to receive the Verify+ Risk Score

* Please note: In order to receive a Risk Score, the Merchant must install a Javascript Collector (JSC) on their checkout page. Discover Network will work with the merchant on the steps required during implementation

Product	Description
Fraud Alerts	Fraud Alerts provides Participants the earliest notification that a card not present (CNP) transaction has been reported as fraudulent by a Discover Cardmember
Verify+	Verify+ is a CNP fraud prevention solution that allows Participants to check additional information that a customer has provided during the course of a purchase against information the Discover Issuer has on file. Verify+ Standard is a web-based interface and Verify+ Premium is a webservice API that includes an optional risk score.

Section 2— Participant Type

Participant Type (select one)	<input type="checkbox"/> Merchant (please include Discover Merchant Number(s) or Corp ID) <hr/> <input type="checkbox"/> Acquirer (please provide Acquirer ID) <hr/>
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Section 3—Participant General Information *(All Fields Required)*

Participant/ Organization Name			
Street Address			
City, State, ZIP Code			
Country			
Telephone Number <i>Main location number with area-code</i>	Country Code	Phone	Extension
Fax Number	Country Code	Phone	Extension

Section 4—Participant Administrator Profile

****Required Fields***

Participant Administrator 1

PA 1 Name*	First	Middle Initial	Last
PA Title*			
PA E-mail Address* <i>Must be a valid individual corporate email address. Group email addresses or personal email address (e.g. Gmail, Hotmail) will not be accepted.</i>			
Participant Sub-organization <i>(Not required if same as Participant Name)</i>			
Street Address* <i>Do not specify a P.O. Box number</i>			
City, State, and ZIP code*			
Country			
Telephone Number*	Country Code	Phone	Extension
Fax Number*	Country Code	Fax	
PA After-Hours Telephone Number** <i>Direct telephone number with area-code</i>	Country Code	Phone	Extension



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Participant Administrator 2

PA Name*	First	Middle Initial	Last
PA Title*			
PA E-mail Address* <i>Must be a valid individual corporate email address. Group email addresses or personal email address (e.g. Gmail, Hotmail) will not be accepted.</i>			
Participant Sub-organization <i>(Not required if same as Participant Name)</i>			
Street Address* <i>Do not specify a P.O. Box number</i>			
City, State, and ZIP code*			
Country			
Telephone Number*	Country Code	Phone	Extension
Fax Number*	Country Code	Fax	
PA After-Hours Telephone Number** <i>Direct telephone number with area-code</i>	Country Code	Phone	Extension

**While this field is not mandatory, it is highly recommended in order to conduct business outside of normal business hours. If this information is not provided it could lead to a delay in services this PA manages.

Section 5–Participant Approval (All Fields Required)

Official Authorized Signature <i>Must be Director, Vice President, or above, have signatory authority for the Participant and cannot be the same person as the PA designated herein</i>				Application will not be processed without the appropriate signature.
Name	First	Middle Initial	Last	
Date				
Telephone	Country Code	Phone	Extension	
Individual Email Address				
Title				

Please email, mail, or fax completed and signed original paper version of forms to:

GlobalFraudSolutions@discover.com
Discover Network, Attn: Global Fraud Solutions
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