

Request for Data Extraction

By completing and submitting this form, you are requesting Authorize.Net to extract the Automated Recurring Billing (ARB) and/or Customer Information Manager (CIM) data on file and send such data in an encrypted file via secure email to the email address listed below in the "Authorization to Submit the Request" section. The cost for this service is \$250, which will be billed to the payment method on your Authorize.Net account.

Data extractions generally take place Monday – Friday (excluding holidays). Dates are not guaranteed and it may take Authorize.Net up to 2 to 4 weeks to gather and deliver the data.

Please submit the completed and signed form through the [Merchant Interface](#):

- Click **Contact Us** at the top of the page and then click on **Support Cases**, then **General Support**.
- Alternatively, you may click **New Support Case** under **Manage Support Cases**.
- Next, enter a Subject and Description, and then click **Submit**.
- Click the **Upload Files** button on the next page to add the attachment.
- For further instructions, please click [here](#).

Merchant Information		
Payment Gateway ID: _____ _____	Company Name ("Company"): _____	Company Phone: _____ _____
Company Address: _____ _____		City/State/ZIP Code: _____ _____

(REQUIRED) Reason for Extraction - Please include a detailed description on why you need this extraction. Failure to do so may result in delay of your extraction.	
<input type="checkbox"/> Switching to another gateway/payment provider Please specify who and why: _____	<input type="checkbox"/> Closing account due to a lack of features Please explain: _____
<input type="checkbox"/> Closing account due to an integration issue Please explain: _____	<input type="checkbox"/> Closing account because I'm unhappy with pricing Please explain: _____
<input type="checkbox"/> I need my customer information for use with a third-party solution Please explain: _____	

Data Extraction Information	
Services You Use: <input type="checkbox"/> ARB <input type="checkbox"/> CIM <input type="checkbox"/> Both Number of Records in the Extraction: _____	Requested Extraction Date: _____

Authorization to Submit the Request (requestor must be a duly authorized employee of Company, VP level or higher)
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It is understood and agreed that as a duly authorized employee, officer, or principal of Company I do hereby request Authorize.Net to provide certain data pertaining to the sales of Company products or services stored in Authorize.Net's databases under the above-mentioned Payment Gateway ID.

The data will be used for the sole purpose which has been stated above under "Reason for Extraction". Company understands and agrees that in consideration of \$250 due and payable to Authorize.Net upon execution of this form (i) Authorize.Net will be delivering the encrypted data via secure email to _____;

(ii) and that it is the sole responsibility of Company to destroy the media immediately upon retrieving the data contained therein. Company agrees to defend, indemnify, and save fully harmless Authorize.Net and its officers, directors, employees, agents, representatives, subsidiaries, and parent company CyberSource Corporation (collectively the "Indemnified Parties") from and against any loss, damages, claims, or expenses of any kind whatsoever, including court costs and attorney fees, incurred or sustained by Indemnified Parties due to Company's negligence, fraud, misrepresentation, intentional acts, or omissions with respect to the data provided by Authorize.Net LLC to Company hereunder.

Company hereby represents and warrants that Company does and will maintain compliance with the Payment Card Industry Data Security Standard, Visa Cardholder Security Information Program, and all other applicable industry standards governing physical security of cardholder data.

Signature: _____	Print Name: _____	Title: _____	Date: _____
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