Merchant Application

Fax to 801-585-3898

Please complete online, and then print for signatures and fax. Illegible or Incomplete applications may delay processing.

Date: _____

Department Name: _____

Address: _____City: _____ St: _____ Zip: _____

Contact Name: _____ Phone #: _____ E-Mail: _____ uNID: _____

Cognizant Authority: _____ Phone #: _____ E-Mail: _____ uNID: _____

Dept. Phone #: _____ Fax #: _____

Seasonal ? ☐ Yes ☐ No
(One time or bi-annual event)

Why will you be accepting cards? _____
_____

Card Present % _____
Mail/Phone Order % _____

Anticipated Annual Visa/MC sales volume: $ _____

= 100%

Average amount of sale: $ _____

What type of phone system do you use? (Avaya, Skype for Business, Nortel, or Other) _____

Will you be accepting donations with your merchant account? ☐Yes ☐No If no, do you anticipate taking donations in the future? ☐Yes ☐No

Card Types:

☐ Visa/ MasterCard   ☐ Discover   ☐ American Express   ☐ Pin Based Debit
(External pin pads costs vary)

Payment Mode:

☐ Point of Sale Device
  ☐ Purchase or ☐Lease
Select:

☐ *Third Party Software
*subject to approval- provide PCI DSS Certificate
Software Name: _____
Payment Application Name: _____

For UMarket/ E-Commerce
Application: click Here

# of Devices _____
*Please fill out the "Request for Approval for Third Party" to submit w/ this application.

Wells Fargo Checking Account for Deposits: _____

Chartfield to debit for merchant fees: ___ _____ _____ _____ _____ _____
BU   ORG   FUND   ACTIVITY   PROJECT   ACCOUNT

***By signing below, we hereby request a new Merchant Account, and attest that we have read the PCI DSS Requirements for Payment Card Acceptance & University Payment Card Guidelines.

Contact Signature: _____ Date: _____

Immediate Cognizant Authority Signature: _____ Date: _____

Dean or Vice President: _____ Date: _____

FOR INCOME ACCOUNTING USE ONLY:

Date Rec'd: _____   Reviewed & Approved by IA: _____ Date: _____