



CREDIT CARD MERCHANT APPLICATION

Type of Request:

- Open credit card account *Close credit card account *Update contact information
- *Update G/L information *Request new terminal

CONTACT INFORMATION:

Department Name: _____

Doing Business as - DBA Name:
(Appears on cardholder Statement-24 character limit) _____

Mailing Address: _____

Business Manager Name: _____ Phone Number: _____ E-Mail: _____

Dept. IT Support Name: _____ Phone Number: _____ E-Mail: _____

Dept. Approver Name: _____ Phone Number: _____ E-Mail: _____

Purpose/Comments:

- *if closing credit card account, please indicate anticipated closure date
- *if updating contact information, please indicate previous business manager's name
- *if updating G/L information, please provide previous chartfield or speedtype
- *if requesting new terminal, please indicate the reason

PROCESSING METHOD: (check all that apply)

In-person (card present)

Note: Please refer to the Credit Card Processing Policy and Procedures for more information.

Mail/phone/fax

Note: Please refer to the Credit Card Processing Policy and Procedures for more information.

Online

Third Party Vendor Name _____

Note: Please refer to the Credit Card Processing Policy and Procedures for more information.

If you are planning to accept credit cards payments online, please provide the following information:

Website URL: _____

ACCOUNTING INFORMATION:

Chartfield (or Speedtype + Account Number) to use for credit card revenue: _____

Chartfield (or Speedtype + Account Number) to use for credit card expenses: _____

DEPARTMENTAL APPROVALS:

Signature of Business Manager: _____ Date: _____

Signature of Dept. Approver: _____ Date: _____

Send signed copy form to:

Office of Revenue, Receivable & Cashiering Services
Sparks Hall, Suite 101
rcs@gsu.edu

PLEASE NOTE: Completed request form takes approximately 3-4 weeks to process.

Office Use Only

Date Approved: _____ Approved By (Name): _____

MasterCard/Visa/Discover Merchant #: _____ AMEX #: _____

Information has been entered:

On contact spreadsheet ListServ Third Party Assessor Site

Equipment Order (if needed) Type: _____

Updated 03.16.2015