

 **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

rrcs@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