Merchant Account Request Form

**Complete form, obtain approval signatures, and email to**

**merchantservices@okstate.edu.**

After form is received, you will be contacted regarding your request.

Please call Andrea at 405-744-4102 with questions.

**Merchant Information**

Merchant Name: (24 characters including spaces)

Business Address: 

 

Phone Number: 

Fax Number: 

Customer Service Contact Name: 

Customer Service Email: 

Organization Name/Number: 

Purpose of Account: 

 i.e.: ticket sales, applications, conference or seminar registrations, etc.

Web Site Address: 

 (For e-Commerce application only- web site where you will be doing business. Disregard if using uStore)

 (be sure to include HTTP:// or HTTPS:// in your web site address)

**Card Brands Accepted:**



**Type of Processing:**







**Equipment Information:** (for In-Person or (MOTO) Mail/Telephone orders)

  

 

**Transaction Information:**

% of transactions swiped: 

% of transactions MOTO:  (mail order/telephone order)

% of transactions online: 

Average Ticket Amount:  (in dollars) Estimated

Annual Outlet Volume:  (in dollars) Estimate for the year

**Business Track Enrollment:**

-this person will enroll for online access to reports and to respond to disputes

Contact Name: 

Contact Email: 

**Expenses**

Banner Chart and Fund for Processing fees: 

**Requestor Information**

Requestor Name: 

Requestor Phone Number: 

**Approval Signatures**

Fiscal Officer Name: 

Fiscal Officer Signature:  Date: 

Department/Director Name: 

Department/Director Signature:  Date: 

PCI Officer Name: 

PCI Officer Signature:  Date: 