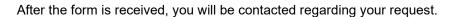
Merchant Account Request Form

Complete the form, obtain approval signatures, and email it to merchantservices@okstate.edu.





Merchant Information

Merchant Name:		(24 characters including spaces)
Business Address:		
Phone Number:		
Contact Name:		
Contact Email:		
Organization Name:		
Organization Number:		
Purpose of Account:	i.e.: ticket sales, applications, conference, or seminar registrations, etc.	
Web Site Address:	(For E-Commerce application only - the website where you will be doing bus (Be sure to include HTTP:// or HTTPS:// in your web site address)	iness. Disregard if using uStore)
Card Brands Accepte	<u>d:</u>	
☐ Visa/MasterCard/D	iscover	
☐ American Express		
Type of Processing:		
☐ In-Person Payment	s (device must be purchased)	
☐ Mail/Telephone Ord	ers (device must be purchased)	
☐ Web Payments		
Equipment Information	on: (for In-Person or (MOTO) Mail/Telephone orders)	
□ PAX A80	☐ ID Tech SREDKey 2	
□ PAX A920/A920Pro		

Transaction Information ((must be completed)	<u>:</u>	
% 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 Enrollme	ent:		
Contact Name:			
Contact Email:	is person will enroll for onlin	e access to Bank of America	
	itements, and reports, and to		
Banner Chart/Fund/Acco	unt		
Revenue - Sales:			
Expense - Processing fees:			
Requestor Information			_
Requestor Name:			
Requestor Phone Number:			
Approval Signatures			
Fiscal Officer/Sr. Accountant N	Name:		
Fiscal Officer/Sr. Accountant S	Signature:		Date:
Dept. Head/Director Name:			
Dept. Head/Director Signature	e:		Date:
FIM Representative:			
FIM Representative Signature:			Date: