

Merchant Account Request Form

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

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



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 business. Disregard if using uStore)
(Be sure to include HTTP:// or HTTPS:// in your web site address)

Card Brands Accepted:

- Visa/MasterCard/Discover
- American Express

Type of Processing:

- In-Person Payments (device must be purchased)
- Mail/Telephone Orders (device must be purchased)
- Web Payments

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

- PAX A80
- ID Tech SREDKey 2
- PAX A920/A920Pro

Transaction Information (must be completed):

% 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:

Contact Name:

Contact Email:

This person will enroll for online access to Bank of America statements, and reports, and to respond to disputes.

Banner Chart/Fund/Account

Revenue - Sales:

Expense - Processing fees:

Requestor Information

Requestor Name:

Requestor Phone Number:

Approval Signatures

Fiscal Officer/Sr. Accountant Name:

Fiscal Officer/Sr. Accountant Signature: Date:

Dept. Head/Director Name:

Dept. Head/Director Signature: Date:

FIM Representative:

FIM Representative Signature: Date: