



## Credit Card Merchant Request Form

### Directions

1. Read and understand the University policy Credit Card Merchant Requirements
2. Complete this all fields Credit Card Merchant Request Form
3. Forward this completed request to the appropriate financial office:
  - STATE- Financial Management, 418 Crofts Hall, Attention: Lance Mahalic
  - UBF - Center for Tomorrow, Attention: Cindy Johannes
  - FSA - 146 Fargo Quad, Attention: Keith Curtachio

### I. Credit Card Merchant Information

**Merchant Name:** \_\_\_\_\_ **Building Address:** \_\_\_\_\_  
*(26 Characters Only)*

**Street Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

### II. Merchant Contact Information

**Contact Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ **Ext:** \_\_\_\_\_  
**UB Person Number:** \_\_\_\_\_ **UBITName:** \_\_\_\_\_  
*(Displayed on the front of your UB Card)*

### III. Credit Cards to be accepted

Discover, Mastercard, Visa and American Express accepted by all merchants. Please select any optional card types:  
 \_\_\_\_\_ Other (Non-State Only ) Please Specify: \_\_\_\_\_

### IV. Equipment Options

Number of Credit Card Terminals Needed: \_\_\_\_\_

### V. Additional Information

**UBF Account Number:** \_\_\_\_\_ **Revenue and Chargebacks:** \_\_\_\_\_

### VI. Authorization

**Department Head Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Deans Office Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_