



CREDIT CARD MERCHANT REQUEST FORM

To request approval to become a credit card merchant:

- 1) Read and understand the University policy Credit Card Merchant Requirements
- 2) Complete this Credit Card Merchant Request Form
- 3) Forward this completed request to the appropriate financial office:

STATE- Financial Services, 418 Crofts Hall, Attention: Lance Mahalic

UBF - Center for Tomorrow, Attention: Cindy Johannes

FSA - 146 Fargo Quad, Attention: Keith Curtachio

CREDIT CARD MERCHANT INFORMATION (Print or type legibly)	
Merchant Name (26 Characters only)	
Building Address	
Street Address	
City, State, Zip	
Merchant Contact (operator's name)	
Phone Number (10 digits)	
Fax Number (10 digits)	
E-mail Address	
Credit Cards to be Accepted:	DISCOVER, MASTERCARD, & VISA (accepted by all merchants)
OPTIONAL (Check to accept other cards)	<input type="checkbox"/> AMERICAN EXPRESS (Non state only)
	<input type="checkbox"/> OTHER (Non state only- please specify)
Credit Card Equipment Options	Number of Terminals needed:
Indicate Chartfields (UBF only):	Account Number:
Revenue and Chargebacks	
Processing Fees and Equipment Cost	

Department Mgr Approval: _____ Date: _____

Phone: _____

Dean's Office Approval: _____ Date: _____