



The University of Georgia

Credit/Debit Card 3rd Party Vendor Processor Application Bursar's Office

Name of Vendor:		Dean/Director/Department Head: Name: _____
Vendor Contact: Title:		Title: _____
		Telephone #: _____
		Email Address: _____
Vendor Address:		Business Point of Contact: Name: _____
		Telephone #: _____
		Email Address: _____
Vendor Phone #:		IT Point of Contact: Name: _____
Vendor EMail:		Telephone #: _____
		Email Address: _____

Application:

Describe how credit/debit cards will be processed using your software and/or point of sale devices

Please specify the following:

Payment Gateway: (If other than YourPay Connect, please give details)

Gateway: _____

Contact Name: _____

Telephone #: _____

Department Approval:

Dean/Director/Dept Head: _____ Date: _____

To Be Completed By Bursar's Office

Vendor Approved(Date): _____ Approved By(Name): _____

Merchant Account Name: _____ MID/TID: _____

MasterCard/Visa: _____ Discover: _____

American Express: _____

Merchant has been given/taken:	
Copy of Policy and Procedures:	
Training Events Attended:	