



Bursar & Treasury Services

Finance & Administration

UNIVERSITY OF GEORGIA

CREDIT CARD PROCESSING MERCHANT APPLICATION

Date: _____

Department Name: _____

Mailing Address: _____

Contact Name: _____ Phone Number: _____ E-Mail: _____

Chart String to use for credit card expenses: _____

MERCHANT ACCOUNT INFORMATION

Legal Name:

(Formal Name of Department) _____

Doing Business as - DBA Name:

(Appears on cardholder Statement-24 character limit) _____

Purpose for accepting credit cards:

Processing Method: (check all that apply)

In – person (card present)* ☐

**Note: Please contact Credit Card Coordinator to discuss equipment and connection requirements.*

Mail/phone/fax* ☐

**Note: Credit card data should never be transmitted via e-mail correspondence. Faxes must be secured.*

Online ☐

Third Party Vendor Name _____

**Note: Third party vendor application will be required for approval if using any ecommerce solution which is not TouchNet Marketplace.*

If you are planning to accept credit cards payments via the Internet, please provide the following information:

Website URL: _____ IP Address: _____

Vendor name where the web site is hosted*: _____

Please indicate the estimated annual dollar volume and number of transactions for each applicable credit card acceptance process:

In-person \$ _____ # of transactions _____

Mail/phone/fax order \$ _____ # of transactions _____

Online \$ _____ # of transactions _____

CONTACT INFORMATION

Primary Contact Name: _____

Primary Contact Title: _____

Primary Contact Phone: _____ Primary Contact Email: _____

Network/IT Contact Name: _____

Network/IT Contact Title: _____

Network/IT Contact Phone: _____ Network/IT Contact Email: _____

Director/Department Head Contact Name: _____

Dean/Director/Department Head Contact Title: _____

Dean/Director/Department Head Phone: _____

Dean/Director/Department Head Email: _____

DEPARTMENTAL APPROVALS

Signature of Dean/Director/Dept. Head: _____ Date: _____

Send signed hard copy form to: Bursar's Office
Business Services Building
424 East Broad Street
Athens, GA 30602-4227
Attn: Lauren Hofmann

PLEASE NOTE: Completed request form takes approximately 3-4 weeks to process.

TO BE COMPLETED BY BURSAR'S OFFICE

Date Approved: _____ Approved By (Name): _____

MasterCard/Visa Merchant #: _____ Discover (if unable to settle with FDMS): _____

AMEX #: _____

Merchant has returned PCI-DSS Credit Card Training form signed ☐
Information has been entered:

On contact spreadsheet ☐

ListServ ☐

Third Party Assessor Site ☐

Equipment Order (if needed) ☐

Type: _____