



Bursar & Treasury Services

Finance & Administration

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: <i>Describe how credit/debit cards will be processed using your software and/or point of sale devices</i>	
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: _____	