



# 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: \_\_\_\_\_