



APPLICATION TO BECOME A MERCHANT DEPARTMENT

Name: _____ Title: _____

SAP Dept. Name: _____ Dept. Number: _____

College/Division: _____

Mailing Address: _____

Email: _____ Phone #: _____ Fax #: _____

Name requested for Merchant Account: _____

SAP G/L Account and Cost Center where funds will be deposited:

Revenue:

Cost Center: _____ G/L Account: _____

Expenses (i.e., processing fees):

Cost Center: _____ G/L Account: _____

What credit cards brands would you like to accept as payment? There are higher fees associated with accepting payments for American Express and Discover cards.

VISA/MasterCard (standard) Discover American Express

Describe the goods, services and/or gifts for which you will receive payments. Please be specific:

Is this an existing or new source of revenue?

Explain why your department wants to accept credit card payments.

Describe the frequency of credit card payments. Is this a one-time event? Are payments for seasonal or year-round activity? Provide detailed timeframes.

Will credit card be the sole method of payment? If not, what other methods of payment do you anticipate accepting for this specific purpose?

How do you plan to process these payments? (check all that apply)

In-person (card present) Mail/phone/fax order* Internet

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

Which equipment do you need to process credit cards?

Credit Card Terminal

Manual Imprinter Swipe Machine

None*

**Note: When processing credit cards via the internet, no equipment is required.*

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

Website URL: _____

Server name where the web site is hosted: _____

IP Address: _____

3rd Party Vendor if website is not hosted on a NKU server: _____

3rd Party Online Payment Gateway Processor: _____

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 _____

Internet \$ _____ # of transactions _____

Who will be the Merchant Department Responsible Person (MDRP)?

Who in the department is responsible for managing credit card transaction processing?

Name: _____ Title: _____

Phone Number: _____ Email Address: _____

Please briefly describe their duties:

