



The University of Georgia

Credit/Debit Card Merchant Application Bursar's Office

Department:		Dean/Director/Depart. Head
Contact Name:		Name:
Title:		Title:
Telephone #:		Telephone #:
Email Address:		Email Address:
Account No to use for credit card expenses:		Business Point of Contact:
Purpose:		Name:
		Telephone #:
		Email Address:
		IT Point of Contact:
		Name:
		Telephone #:
		Email Address:
Receipt:		
Account Name to be Displayed on Customer's Receipt:		
UGA address to print on Customer Receipt:		
Revenue: <i>Please indicate amounts based on current sales if applicable.</i>		
Anticipated Annual Credit/Debit Volume:		
Anticipated Average Ticket:		
Collection Methods: <i>Ex. Point of Sale, Cash Register, PC Based, Telephone, Internet, Fax, Other</i>		
If E-Commerce:		
URL for website:		IP Address:
Shopping Cart Software:		
Payment Gateway:(if other than YourPay Connect, please give details)		
Gateway:		
Contact Name:		
Telephone #:		
Email address to receive credit card confirmations.		
Payment Locations: <i>Please indicate physical locations if Point of Sale machines are being used.</i>		
Departmental Approvals:		
Dean/Director/Dept Head: _____		Date: _____
To Be Completed By Bursar's Office		
Account 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:		