



# The University of Georgia

## Credit/Debit Card 3rd Party Vendor Processor Application Bursar's Office

Name of Vendor:		<b>Dean/Director/Department Head:</b> Name: _____
Vendor Contact: Title:		Title: _____
		Telephone #: _____
		Email Address: _____
Vendor Address:		<b>Business Point of Contact:</b> Name: _____
		Telephone #: _____
		Email Address: _____
Vendor Phone #:		<b>IT Point of Contact:</b> Name: _____
Vendor EMail:		Telephone #: _____
		Email Address: _____

### Application:

*Describe how credit/debit cards will be processed using your software and/or point of sale devices*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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:	