



Application to Process Credit Card Payments

Department: _____

Campus Address: _____

Primary Contact: _____ Telephone: _____

Email: _____ Fax: _____

Provide a Brief Description of Your Needs (Include # of Terminals, Web-application, PC software, etc):

Estimated Annual Credit Card Sales Transaction Volume: _____

Estimated Credit Card Sales Amount: _____

% Credit Card Sales:

In Person:	Telephone/Mail:	Web:
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Provide Oracle Account for Deposits:

Fund	AY	Organization	Object Code	Program	Function	Activity	Line

Provide Oracle Account for Fees:

Fund	AY	Organization	Object Code	Program	Function	Activity	Line

Departmental Approval Signature: _____ Date: _____

Please submit completed form to: Accounts Receivable Manager
 Office of Business Operations
 103 Gilchrist Hall (Campus Code 0008)

OBO Approval: _____ Date: _____