

# Trinity University Request to Process Payment Cards

Department: \_\_\_\_\_  
 Campus address: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Fax: \_\_\_\_\_

For Business Office Use Only	
Merchant ID (s):	
MC/VISA:	MID:
AMEX:	TID:
Discover:	DID:
ID(s) Received on:	
Date Submitted to ITS:	

GL Account # for deposits: \_\_\_\_\_ GL Account # for fees/chargebacks: \_\_\_\_\_

*You will automatically be set up to accept MasterCard, VISA, Discover, and American Express (if available for options you will be using)*

Estimated annual credit card sales volume: \$ \_\_\_\_\_

Estimated credit card average sales amount: \$ \_\_\_\_\_

Percent of credit card sales:

Over the counter: \_\_\_\_\_ Telephone/Mail: \_\_\_\_\_ Web: \_\_\_\_\_

***Describe transaction processing methods: software vendor (TouchNet, CBORD), credit card terminals, or other (If other, provide detailed explanation in the box provided below or attach a separate sheet. All third party vendors selected for credit card processing must be a TouchNet ready partner).***

Identify method used for securing documentation containing cardholder information:

Locked drawers                      Locked file cabinets                      Safe

Anticipated number of staff who will need access to TouchNet to process E-Commerce transactions:

Attach a list of all staff that will be authorized to process credit card sales on their personal computers.

Anticipated number of point of sale terminals needed (if applicable):

**NOTE:** Each terminal will need a shared or dedicated phone line.

Cash register interface with credit cards?                      Yes                      No

**NOTE:** You must send the software specifications for your cash register system to the Business Office to verify compatibility with existing credit card software.

***Describe Department goods/services offered by accepting credit cards***

***Departmental authorization (VP required):***

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return the completed form to: Mary Jump – Business Office – Northrup 141-V***

Business Office Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Fiscal Affairs Approval: \_\_\_\_\_ Date: \_\_\_\_\_

ITS Approval (Security Administrator): \_\_\_\_\_ Date: \_\_\_\_\_