DJ

Controller's Office

UNIVERSITY OF DENVER

Dept. Name: _____

Contact Name:

Desired merchant name: DU

Physical Location Address & Dept. #:___

Information as you want it to appear to the customer

Phone #:

City, State, Zip: _____

SECTION 2: BUSINESS PROFILE AND ASSUMPTIONS

Briefly describe the nature of the business:

Credit Card Sales Forecasted:_____

Annual Volume of Transactions:

Monthly Volume of Transactions:

Average Ticket Value:_____

Merchant credit card acceptance method(s):

Retail (card present)

E-commerce (web)

SECTION 3: MERCHANT EQUIPMENT AND PAYMENT GATEWAY INFORMATION

Please choose from the following options for which payment acceptance method would best suit your department's needs and budget.

Retail/IP credit card terminal options:

Terminal: FD130	Purchase Price: \$425 Rental Price: \$59.99/mo
Mobile Terminal: FD410	Purchase Price: \$700 Rental Price: \$69.99/mo One-Time Set-Up Fee: \$25 Monthly Service Fee: \$15/mo
Tablet POS: Clover (internet connection required)	Station: \$800 (includes software, tablet station, receipt printer) Monthly Service Fee \$49

E-commerce (Web) Payments:

Authorize.net: <u>https://account.authorize.net/</u>

Please include department website address:

Department web developer name: _____

Other: Please Provide Justification for Other Equipment/Gateway Choice

SECTION 4: ACCOUNT INFORMATION AND REQUIRED SIGNATURES

By signing this application, the department agrees to follow University procedures outlined in <u>Policy No.</u> <u>2.30.070: Credit Card Data Security Policy</u>. A University merchant is not allowed to apply a surcharge to a credit card payment transaction. Treasury reserves the right to suspend merchant accounts if guidelines are not followed. Contact Treasury at 303.871.3741 for more information.

Dept. Head/Date: signature mm/dd/yyyy Budget Officer/Date: signature mm/dd/yyyy Controller's Office Signature/Date: signature mm/dd/yyyy