

Northern Illinois University  
Department of Treasury Operations

**MERCHANT REQUEST FORM**

**UNIVERSITY DEPARTMENT:** \_\_\_\_\_

**CONTACT INFORMATION**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**PEOPLESFT INFORMATION** (to which setup fees and monthly discount fees will be charged)

Cost Center Name: \_\_\_\_\_  
Fund: \_\_\_\_\_ Cost Center: \_\_\_\_\_

**MERCHANT INFORMATION**

Product(s)/Service(s): \_\_\_\_\_  
Est. Annual Sales: \_\_\_\_\_ Avg. Ticket Price \_\_\_\_\_  
Merchant Name: \_\_\_\_\_  
(as it should appear on credit card receipt – 24 character limit)

**METHOD OF PAYMENT**

Check all that apply:

VISA	
MASTERCARD	
DISCOVER	
AMERICAN EXPRESS	

**NO. OF TERMINALS REQUESTED** \_\_\_\_\_

**THIRD PARTY SOFTWARE VENDOR** \_\_\_\_\_

**eCOMMERCE/INTERNET INFORMATION**

URL Address: \_\_\_\_\_  
Gateway: CyberSource \_\_\_\_\_ Other (please name) \_\_\_\_\_  
NIU Shopping Cart: Yes \_\_\_\_\_ No \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name** \_\_\_\_\_