MERCHANT REQUEST FORM

UNIVERSITY DEPARTMENT:

CONTACT INFORMATION

Name: _____ Title: _____

Telephone: _____ E-mail:_____

PEOPLESOFT 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 _____

Cust. Service Phone #: _____ Email:_____

Merchant Name: _____

(as it should appear on credit card receipt – 22 character limit)

METHOD OF PAYMENT

Check all that apply:

Y/N	Transaction Type	Est. % of total
	In-Person	
	Online	
	Mail	
	Telephone	

Check all that apply:

Y/N	Card Type	Est. Annual $ Volume
	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 _____

PLEASE RETURN COMPLETED FORM TO TREASURY OPERATIONS