WMU
APPLICATION for MERCHANT ID NUMBER
MASTERCARD / VISA / DISCOVER
Manual Terminal

Please Fax Completed Forms To: 387-2950
Cashiering
Attn: Liana Fox
Phone: 387-2952

Department Name: _____

Business Manager Contact: _____ Phone: _____

Fax: _____ E-Mail Address: _____

Department Contact (if different from above): _____

Position or Title of Contact: _____

Identify Location and Address where Merchant ID Number will be used: _____

_____

Is additional / new equipment needed for this location: ( ) YES   ( ) NO

Provide the fund and cost center to charge for the monthly processing fees and/or new equipment:

___ ___   ___ ___ ___ ___ ___ ___

Revenue Source: (i.e.: tickets sales, conferences): _____

EXPECTED SALES COMPOSITION:

Please identify the type of charge card activity expected:
____% Manual Swipe of Card (business transaction takes place on-site, cashier has access to card)
____% Phone or Mail Order
____% Internet Sales
____% Other – Identify _____
100%

EXISTING EQUIPMENT INFORMATION:

Is there currently POS equipment located in your department? _____

If so, what merchant number has been assigned to this equipment? _____

_____ _____ _____
(Department Signature)   (Title)   (Date)

_____ _____ _____
(University Approval)   (Title)   (Date)
Liana Fox

<u>MINIMUM REQUIREMENTS TO OBTAIN MERCHANT ID NUMBER</u>

1. Minimum charge card sales to qualify:
   a. $2,500.00 - Minimum monthly volume ($30,000 annually).
   b. $50.00 – Minimum transaction/sale (a $.20 per transaction fee will be applied to transactions of less than $20.00)

2. Identify your department's anticipated charge card sales:

   a. Minimum monthly volume $ _____

   b. Minimum average transaction $ _____

   c. What is the basis for these amounts (please identify prior 6 months' sales activity)?

Month	Total Monthly Activity	Month	Total Monthly Activity
_____	$_____	_____	$_____
_____	$_____	_____	$_____
_____	$_____	_____	$_____

3. If your department does not meet the minimum requirements as stated above in items 1a and 1b, identify reasons why an exception to these criteria should be considered on your behalf:

   _____

   _____

   _____

   _____

4. Describe where equipment will be located and what security precautions will be taken:

   _____

   _____

   _____

   _____

5. Will student employees have access to the charge card equipment and have authority to accept charge card payments on behalf of the University?   Please check: YES _____   NO _____
   If yes, describe the departmental controls governing this usage_____

   _____

   _____

   _____

   _____