



**UNIVERSITY OF KENTUCKY
APPLICATION TO BECOME A MERCHANT DEPARTMENT**

Name: _____ **Title:** _____

SAP Dept. Name: _____ **Dept. Number:** _____

College/Division: _____

Mailing Address: _____

Email: _____ **Phone #:** _____ **Fax #:** _____

Name requested for Merchant Account: _____

SAP G/L Account and Cost Center where funds will be deposited:

Revenue:

Cost Center: _____ G/L Account: _____

Expenses (i.e., processing fees):

Cost Center: _____ G/L Account: _____

What credit cards brands would you like to accept as payment? There are higher fees associated with accepting payments for American Express and Discover cards.

- VISA/MasterCard (standard) Discover American Express

Describe the goods, services and/or gifts for which you will receive payments. Please be specific:

Is this an existing or new source of revenue?

Explain why your department wants to accept credit card payments.

Describe the frequency of credit card payments. Is this a one-time event? Are payments for seasonal or year-round activity? Provide detailed timeframes.

Will credit card be the sole method of payment? If not, what other methods of payment do you anticipate accepting for this specific purpose?

How do you plan to process these payments? (check all that apply)

- In-person (card present) Mail/phone/fax order* Internet
**Note: Credit card data should never be transmitted via e-mail correspondence. Faxes must be secured.*

Which equipment do you need to process credit cards?

- Credit Card Terminal (Verifone Vx570 – \$360 plus shipping)
 Manual Imprinter Swipe Machine (approx. \$15)
 None*

**Note: When processing credit cards via the internet, no equipment is required.*

If you are planning to accept credit card payments via the Internet, please provide the following information:

Website URL: _____

Server name where the web site is hosted: _____

IP Address: _____

3rd Party Vendor if website is not hosted on a UK server: _____

3rd Party Online Payment Gateway Processor (i.e., Skipjack): _____

Please indicate the estimated annual dollar volume and number of transactions for each applicable credit card acceptance process:

In-person	\$ _____	# of transactions _____
Mail/phone/fax order	\$ _____	# of transactions _____
Internet	\$ _____	# of transactions _____

Who will be the Merchant Department Responsible Person (MDRP)? The MDRP, as referenced in the Policy for Accepting Credit Card Payments, is responsible for managing credit card transaction processing.

Name: _____ Title: _____

Phone Number: _____ Email Address: _____

Please briefly describe duties:

Will any other departments, software packages or outside vendors be involved in the processing of credit card payments? If so, please identify all parties and describe their roles and responsibilities.

By signing this form, the Merchant Department Responsible Person acknowledges that he/she understands his/her role as outlined in the University's Procedures for Credit Card Merchants and accepts the responsibility of that role. Additionally, the MDRP recognizes that the liability for a breach is accepted by the Merchant Department should a breach occur due to negligence of the department to adhere to the University's Procedures for Credit Card Merchants.

By signing this form, the Dean/Director or Chair approves of the business case presented for the department to become a Merchant Department, the SAP information provided, and the designated Merchant Department Responsible Person.

Signatures: _____
MDRP Dean/Director or Chair

Date: _____

Please submit completed form to:
Merchant Card Services Director
310 Peterson Service Building
Lexington, Kentucky 40506-0005

For Office of the Treasurer use only

Date application received: _____

Merchant Account #: _____

AMEX #: _____

Discover #: _____

Date entered into database: _____

Processed by: _____