

Request for New Merchant Account PIN Pad/Wireless PIN Pad

Merchant Legal Name: Will always be ^Y μ v [• h v] Ä Œ •] š Ç

University Department Information:

Doing Business As			
Business Address			
Primary Contact Name		Primary Contact Phone Number	
Primary Contact Email		Date	
Business Officer Name		Business Officer Phone Number	
Business Officer Email			

Deadline for Setup (if applicable please allow 46 weeks): _____

Purpose for opening a new merchant account: _____

Type of service required:

<input type="checkbox"/>	PIN Pad	<input type="checkbox"/>	PIN Pad (TAP Enabled)
<input type="checkbox"/>	Cellular PIN Pad	<input type="checkbox"/>	Cellular PIN Pad (TAP Enabled)

Number of PIN pads requested: _____

Physical Location of Hardware/Service (if applicable)

Building		Room #	
Jack # (if applicable)			
Chartfield			
Please note that by signing this form, the department agrees to installation (jack/wiring) costs of up to \$1,000 if required above. Business Officer to initial this box for approval			

Payment Types to Accept and Estimated Volumes (Annually):

Payment Type	(Y/N)	# of Transactions	\$ Value of Transactions
Visa			
MasterCard			

Banking Information:

User Access Required:

Chase Resource Online - needed for reporting access (statements, dispute management, etc)			
Name		Email	Phone #

If you have multiple users to add, please include an excel spreadsheet with the details required when