

CAMPUS MERCHANT APPLICATION



DBA NAME (under 21 characters)

LOCATION ADDRESS (will print on receipts):

Address including CB #

City, State, Zip

DBA PHONE NUMBER:

Department Contact Information: The contact(s) will be responsible for settlement retrieval requests and settling daily transactions

Primary Contact Name:

Phone Number:

Email Address:

Secondary Contact Name:

Phone Number:

Email Address:

Business manager or equivalent responsible for PCI DSS compliance:

Business manager or equivalent signature acknowledging responsibility for PCI DSS compliance:

Phone Number:

Email Address:

FIS Department/Fund number to charge for monthly fees:

Estimated Average Sale (\$)

Estimated Average Annual Sales Volume:

Please describe goods/services being provided:

Specify if you are ordering a credit card terminal or ecommerce capability:

8220-013 for University or 8011-001 for Doctor/Medical Office:

MCC/Pricing Code

Send completed form to Cash & Credit Operations by email: angela.werremeyer@wustl.edu or mail to: Campus Box 1147, 700 Rosedale, St. Louis, MO 63112-1408