



# CAMPUS MERCHANT APPLICATION

**DBA NAME (under 21 characters)**

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**LOCATION ADDRESS (will print on receipts):**

Address including Mail Stop Code

City, State, Zip

**DBA PHONE NUMBER:**

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

**Primary Contact Name:**

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**Phone Number:**

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**Email Address:**

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**Secondary Contact Name:**

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**Phone Number:**

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**Email Address:**

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**Business manager or equivalent responsible for PCI DSS compliance:**

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

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**Phone Number:**

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**Email Address:**

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**Workday Cost Center number to charge for monthly fees:**

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**Estimated Average Sale (\$)**

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**Estimated Average Annual Sales Volume:**

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**Please describe goods/services being provided:**

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

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

MCC/Pricing Code

Send completed form to the Campus Commerce Administrator by email: [kimberly.duncan@wustl.edu](mailto:kimberly.duncan@wustl.edu)