Requestor Name:	Requestor Title:
Department Name:	
Physical Street Address:	
Building Name, Floor/Suite #:	
City, State, and Zip:	
Federal Tax ID#:	
Customer Service/Dept. Email:	
Customer Svc/Dept. Phone #:	502- Dept. Fax #: 502-
Dalamana Dalamana ikilika	
Primary Responsibility:	
Name:	Title:
Email: Secondary Responsibility:	Phone #: 502-
	T:41
Name:Email:	Title: Phone #: 502-
UBM:	Phone #: 502-
Name:	Title:
Email:	Phone #: 502-
Tier 1 or Developer:	
Name:	Title:
Email:	Phone #: 502-
Dean/Director or Chair:	
Name:	Title:
Email:	Phone #: 502-

Visa, MasterCard and Discover are standard with any merchant account.

- Monthly fees will be deducted the following month by PNC/Fiserv, by our contracted processor. Budget 2% to 3% on average; but, is dependent upon number of transactions, average ticket and processing method. For reference, the lower the average ticket the higher the processing fees. Plus a \$5.00 monthly gateway fee.
- Annual fees, the University allocates Payment Card Industry (PCI) costs annually based on total sales ~ January/February. Budget approximately \$2.50 per \$1000 sales.

directly from American Express.	
Yes	Not at this time. Can be added later.
Describe the goods, services, and/or gifts for deemed gifts, contact Advancements Department	which you will receive payments. If any portion is nent. 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 payment	to ough as assessed on year round activity. If for a
• • •	e detailed timeframes of when card payments would be
conference/event, indicate the date? Provide accepted.	detailed timeframes of when card payments would be at the state of the
conference/event, indicate the date? Provide accepted. Will credit card be the sole method of paymen	e detailed timeframes of when card payments would be not? If not, what other methods of payment do you?

2 | Page

For Face-to-Fa	ace or MO/TO/	/FO:	
■ IP/E	thernet connection.	Clover Mini \$824 + \$199 = additional 3-year Extended	
• Cellu • If ce • No c (P2F	ular or WiFi. Ilular communication, mo cost for WiFi. WiFi is allo PE). ULsecure or an Ent	minal, Clover Flex \$698 + onthly fee is \$15.00. wed as the Clover Flex is terprise Wi-Fi Protected A additional 3-year Extended	Point-to-Point Encrypted ccess II (WPA2).
For Website:			
If you are planning to acc	ept credit card payment	s via the Internet, please	provide the following information:
Beginning Website:	http://louis	ville.edu/ (enter web	site department address)
Server name where the v	vebsite and/or full applica	ation is hosted if not the u	niversity:
Third-Party Vendor if not	using the Plone credit ca	ard form:	
Third-Party Online Paymorif not using our processor (i.e., Authorize.net): Note: a separate form for	ors gateway, Payeezy:	ared once the processor a	account is ready to go
*All website merchants	must adhere to Interne	et Requirements and Pri	vacy Policy.
*All website merchants diagram, preferably bef	-	mit a credit card diagra	m and card flow process
Please estimate the AN	INUAL dollar volume,	number of transactions	, and average ticket:
Face-to-Face	\$	# of Transactions	
MO/TO/FO	\$	# of Transactions	
Website/Online	\$	# of Transactions	
Average Ticket	\$		
210000			

	icial system. You	will need to identi	int daily) and fees char fy one Speedtype and card processor.) to
Funds Received:	Speedtype:		Account Code: **		
Fees Charged:	Speedtype:		Account Code: *	552605	
or change it to the ** Account Code (130165), howev account and nee	ne EXPENSE acc for <u>Revenue</u> typi ver, the department and to obtain appro is to send a grid	ount you wish to u cally begins with a nt will need to be r val from University to University Acco	 '4'. Other options are tesponsible for the recover Accounting. unting to allocate to mu 	using a clearing accour nciliation/reallocation c	nt of the
Monthly Statements PNC statements are below. American Express st	emailed to the Pr	,	ss noted otherwise in '	Other Information/ sect	ion
	ware or hardware		volved in the processingse identify and describ		nts,
Has Purchasing revieus language (PCI-DSS:			ements which includes ity Standard)?	the credit card compli	ance
Other Information:					

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

By signing this form, the VP/Dean or Director/Chair acting as the Merchant Executive Officer, approves of the business case presented by the department to become a Merchant, the information provided, and the designated Merchant Department Responsible person.

Primary Contact (Printed Name)	Primary Contact Title	-
Primary Contact (Signature)	Date	
Secondary Contact (Printed Name)	Secondary Contact Title	-
Secondary Contact (Signature)	Date	
UBM (Printed Name)	UBM Title	
UBM (Signature)	Date	
Tier 1/Web Developer (Printed Name)	Title	
Tier 1 (Signature)	Date	
Dean/Director or Chair (Printed Name)		
Board Brooker of Orlan (Filmou Harrio)	Bodin Briodeli di Gilali Tillo	
Dean/Director or Chair (Signature)	Date	
RETURN COMPLETED and SIGNED APPLIC	ATION:	
Brian Soverns, Asst. Treasurer, 502-852-8253 treasury@louisville.edu		
For Merchant Services Use Only		
Date Application Received:		
Merchant ID #:		
AMEX #:		2.2022