FORM C - Merchant with E-Commerce Processing
Payment Card Merchant Account Profile Information
Fiscal Year

Merchant Information:

Merchant #	DBA Name	Department (if different than DBA)

Address	Campus Zip	Contact for Monthly Allocation Info

Business Manager	Phone #	Accounting Coordinator	Phone #

Products / Services Sold Via Payment Cards:

Processing Methods:

Card payments are received via the following payment channels (check all that apply):

Website –entered by customer	Other (please explain)	

Payment Applications:

Third-Party Service Provider	Website Address of Store	URL Where Card Information is Entered

System Administrator	Phone #	Departmental IT Support Contact	Phone #

This document accurately reflects the credit card process for the merchant number specified above.
No other payment channels are utilized by this merchant number in the processing of payment cards.

_____   _____
Signature of Department Head / Business Manger   Date