

FORM B - Merchant with POS Register System Processing

Payment Card Merchant Account Profile Information

Fiscal Year

Merchant Information:

Merchant #	DBA Name	Department (if different than DBA)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	Campus Zip	Contact for Monthly Allocation Info	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Business Manager	Phone #	Accounting Coordinator	Phone #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Products / Services Sold Via Payment Cards:

<input type="text"/>

Processing Methods:

Card payments are received via the following payment channels (check all that apply): ***Fax and email are not allowed***

Mailed In	In Person	Phone	Other (please explain)	<input type="text"/>
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Point-Of-Sale Systems:

Software	Vendor	Version	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Third-Party Service Provider	Device Used to Swipe or Enter Card Information	# of Devices	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
System Administrator	Phone #	Departmental IT Support Contact	Phone #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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