## 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 Coordina	tor	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:				
	ebsite Address of Store	URL Whe	re Card Information	is Entered
System Administrator Ph	one #	Departmental IT Suppo	ort Contact Phor	ne#
This document accurately re				-

Date

Signature of Department Head / Business Manger