

# FORM A - Merchant with Standalone Terminal 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:

### 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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### Processing Equipment Used:

Ingenico Desk 3500	Ingenico Move 5000
Ingenico Desk 5000	<input type="text"/>
Other	

*For Other, please indicate # of each type in space above*

### Terminal Connection:

Ethernet w SafeT Solo	Cellular Phone Line	Other (please explain)
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This document accurately reflects the credit card process for the merchant number specified above. ***No point-of-sale system, third-party processors, e-commerce, or other channels are used in the processing of payment cards for this merchant number.***

\_\_\_\_\_  
Signature of Department Head / Business Manger

\_\_\_\_\_  
Date