**New Merchant ID Request Form**

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|  | **Specific for the new location:** |
| Name of Business(DBA - Doing Business As) |  |
| Legal Business Name | Kansas State University |
| Location Phone Number |  |
| Customer Service Phone Number(If different than location phone number) |  |
| Physical Address |  |
| Mailing Address(If different than location physical address) |  |
| Place of Legal Formation – State | Kansas |
| Contact Name |  |
| Contact Phone Number |  |
| Federal Tax Id | DFS will fill in |
| % of Cards accepted in person (face to face) |  |
| Deposit Account Number | DFS will fill in |
| Transit Routing Number (for Deposit Acct) | DFS will fill in |
| Estimated Annual Sales Volume(for the new location) |  |
| Average Ticket |  |
| Refund Policy(e.g. no refunds, exchanges only, refunds within 30 days, etc.) |  |
| Are you wanting to accept Discover cards? |  |
| Are you wanting to accept American Express cards? (Typically takes 2-3 days longer to settle than other card brands) |  |
| General Ledger Account Monies to be deposited into |  |
| General Ledger Account Credit card fees to be charged to |  |
| Please provide us with details about how you plan to process cards:**If Software** – explain name of software, version and software provider**If Terminal** – explain terminal type and whether owned, renting or purchasing**If Website** – explain gateway provider, URL, web developer, contact name, contact phone number and email address |  |

**Department Business Manager Department Head**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return to treasurymgmt@ksu.edu**