



Merchant Location Request Form

Service(s) Needed:	<input type="checkbox"/> New Location Setup <input type="checkbox"/> Close Inactive Location	<input type="checkbox"/> Return/Order Equipment <input type="checkbox"/> DBA Name Change
Payment Processing Through:	<input type="checkbox"/> E-Commerce (TouchNet, Cvent, etc.)	<input type="checkbox"/> Standalone CC Terminal <input type="checkbox"/> Wireless CC Machine

Information for New or Existing Location

General Ledger Index & Account Code to be Charged:	----
Name of Business- (DBA-Doing Business As)	
Legal Business Name	Nova Southeastern University Inc.
Physical Address	
Location Phone Number	
Contact Name	
Contact Phone Number	
FOR NEW LOCATION SETUP ONLY:	
Approximate % of cards accepted in person and/or MOTO (please specify)	
Estimated Annual Sales Volume	
Estimated Average Ticket Cost	
Check All That Apply	
<input type="checkbox"/> Accepting Credit Cards <input type="checkbox"/> Accepting Cash	

Equipment to Order (If Applicable)
<input type="checkbox"/> Standalone Credit Card Machine <input type="checkbox"/> Card Reader (For TouchNet Users) <input type="checkbox"/> Wireless Credit Card Machine

Name Change (If Applicable)
Current DBA:
New DBA:

If checked "E-Commerce" above, please specify POS System:	
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Department:	
Date:	
Supervisor Name (Print):	Supervisor Signature :

<u>FOR TREASURY USE ONLY</u>	
Bank Account Number:	_____
Approved By (Print):	_____ Date: _____
Signature X	_____