		Marabaa	t ID Poquoet Form		
		Merchan	t ID Request Form		
			you complete a Merchant Establishment forn Please complete, sign, and submit this form		
to establish aut	· · · · · · · · · · · · · · · · · · ·	attachments to theffice of Fir			
Department:		Today's Da	ate:		
Requester:		Desired Go	Live Date:		
		Merchant Description			
Merchant Accour	nt Name (22 character	s max.):			
Full Description:					
		Type of Processing			
What method doe	es your department de	esire to use to process pa	yment cards?		
Check all that	apply:				
Online	Website URL of launch page:				
Payment	How many terminals will your department be purchasing?				
Card Terminal		ntnly tees are the responsible minals must be ordered thro	ility of the requesting department. Payr		
	Campus location of te		Bldg/Room #:		
How will navmen	t cards be accepted?				
Check all that	-				
Payment Card		By Fax	In person		
Online via Othe	er Provider -	By Mail	By phone		
Provider Nam	e:				
Online via Tou	chNet/uStore Site				
Person res	oonsible for maintainir	ng uStore:			
			and product pages with a shopping cart		
check	out feature, all on a secu	ure platform. ***uStores mus	st employ the CAPTCHA setting within all		

form

products for added security. Ensure the CAPTCHA setting is set to "Yes" on all products in your store.

Onlinevia TouchNet/uPay Site

Note: The uPay site is built to connect with an exisiting web application that allows the payment information and transaction to take place on a secure platform.

If using TouchNet, you must include a completed User Request Form found at: https://wmtwmtT EMC qn8372.38EMC O7e Rt 2uTw ( Mrf.3c)-4. Rd awmwml0 19.93

Are you selling taxable product ***Old Dominion University is exer			
Name	Job Title	UIN	Student Worker? YES YES YES YES YES