

OFFICE OF THE CONTROLLER, 10/290

Dianna Zaia

Associate Controller

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PLEASE TYPE OR PRINT CLEARLY

NEW MERCHANT ID REQUEST FORM:

	Will you be accepting credit cards online (ie through MarketPlace)? Yes No
	If not online will your require a credit card terminal? Yes No NA
	Cards accepted (please check all that apply):
	American Express Mastercard Discover VISA
	Estimated annual sales volume \$ Estimated ticket price \$
	Will any transactions credited to this merchant id be subject to sales tax? Yes No
	Department:
	Department Contact Person:
	Contact Person email:
	Contact Person Phone Number:
	Departmental Index (to charge interchange fee approx 1.8% of sales)
Autho	rized Signature (College Administrator)
Printe	d Name & Title
Pleas	e fill out form in entirety and send to Dianna Zaia, dzaia@fau.edu or Fa

Please fill out form in entirety and send to Dianna Zaia, <u>dzaia@fau.edu</u> or Fax # 561-297-1060. Please allow 15 business days for processing.