

Credit Card Prequalification Questionnaire

Form is used by department or unit requesting authorization to accept credit card payments on the University's behalf.

Requestor's Name:	
Department:	
Departmental Head/Title:	
Request Date:	

Purpose of Request:

	QUESTIONS	Yes/No	RESPONSE
1	Is this a new activity? If no, what was being done in the past?	Yes No	
2	Has the decision to accept credit cards been approved by the department head?	Yes No	
3	Routine or reoccurring events? How often?		
4	Do you currently accept payments? If yes, what type?	Yes No	
5	Number of annual transactions?		
6	Dollar amount of annual transactions?		
7	Where and how are these funds deposited?		
8	Does the department currently have a merchant account number?	Yes No	
9	How is the payer information gathered?		
10	Where is the payer information stored? (If accepting physical documents, where is this information stored?)		
11	How many people work in this office?		

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12	Position level & title of person responsible for credit card processing		
13	Who will be responsible for accounting & reconciliation?		
14	Are they bondable?	Yes No	

Approved

Denied

This information will be reviewed by Fiscal Operations and a decision will be communicated within 2 weeks of receipt of form. After you have entered the necessary information to complete this questionnaire, print and send to emarketrequest@lists.edu Signatures of the requestor and department head are required before the questionnaire is approved or denied.

Fiscal Operations Comments:

Signatures for Approval

Requestor: _____ **Date:** ____ / ____ / ____

Dept. Head: _____ **Date:** ____ / ____ / ____

Fiscal Operations: _____ **Date:** ____ / ____ / ____

Cash Management:
(If new merchant account is assigned) _____ **Date:** ____ / ____ / ____

Assigned Merchant Account#: _____ **Date:** ____ / ____ / ____