

CREDIT CARD MERCHANT APPLICATION

Colorado State University-Pueblo

Office of Financial Management

SECTION 1: BUSINESS PROFILE

Dept. Name: _____

Contact Name: _____

Desired Merchant Name: _____

Physical Location Address & Dept. #: _____

SECTION 2: BUSINESS PROFILE AND ASSUMPTIONS

Briefly describe the nature of the business:

Credit card sales assumptions:

Annual volume: _____ Monthly volume: _____

Average ticket: _____

Merchant credit card acceptance method:

Retail (card present)? _____ MOTO (card not present) _____ E-commerce (web)* _____

SECTION 3: MERCHANT EQUIPMENT AND PAYMENT GATEWAY INFORMATION

Retail & MOTO merchants require equipment:

Payment Gateway Options*:

Please include website address: _____

Department web developer name: _____

IP credit card terminal option:

Ingenico iCT250: _____ Purchase \$299.95**

Ingenico iCT250: _____ Rent \$24.95 per month**

Payment gateway options:

Updated 09/21/2026

Authorize.net: _____

SIPA (Colorado.gov): _____

Other (provide justification): _____

*Please see Payment Gateway Authorization form for pricing

**Prices subject to change

SECTION 4: ACCOUNT INFORMATION AND REQUIRED SIGNATURES

By signing this application, the department agrees to follow the University procedures outlined in the Office of Financial Management FPI 6-3 and FPI 6-6. A University merchant is not allowed to apply a surcharge to a credit card payment transaction. Banking Services reserves the right to suspend merchant accounts if guidelines are not followed.

KFS credit card clearing account: _____-6684

KFS processing fee account:
-6683

Dept. Head/Date: _____

Dept. Accountant/Date: _____

Fiscal Officer/Date: _____

OFM/Date: _____