## **Credit Card Acceptance Questionnaire**

The review, approval, and setup process can take 4-6 weeks to complete. Please plan accordingly, as departments involved in this process may not be able to accommodate RUSH requests.

To request to accept credit cards, please fill out the below information in its entirety and e-mail it to <a href="mailto:LUC-Payments@luc.edu">LUC-Payments@luc.edu</a>. Separate forms must be completed for separate events/sales requests.

Department Name:	Contact Name:				
Email Address (@luc.edu):					
GENERAL EVENT/SALE INFORMATION:					
What is your reason for accepting credit cards? Provide	de a detailed description of your event/	sale and the type of store you	ı need:		
Are these funds remaining at the University/being collect	Yes	No			
Is this function collecting any donations or fund-raising f other company or organization?	Yes	No			
Department Contact responsible for finances/deposits:					
What is the start and end date of credit card sales?	End Date				
What is the name of your event/sale?					
What is the event/sale date(s) (when is it taking place)?					
FORMS OF PAYMENT:					
Are you accepting any other forms of payment for this fu	unction? Please detail.				
Are you requesting the use of a POS (point-of-sale) cred	dit card terminal for this function?	Yes	No		
If yes, University AU and Account Code that these funds	s will be deposited to: AU	Account Code			
If yes, where will the terminal be used and where will the	e terminal be stored when not in use? If	no, leave blank.			
Please list ALL users of the POS terminal for the event, event:	as well as who will be responsible for te	rminal security before, during	and after the		

#### **TAX & FINANCIAL COMPLIANCE:**

All sales are subject to review by the Tax & Financial Compliance team. If the sales are deemed to be subject to Illinois sales tax, then you will need to determine if the sales tax will be included in the ticket/merchandise price or covered separately by your department. Please email Alyssa Beneventi (agerdes1@luc.edu) for the appropriate accounting procedures.

Is this event selling tangible items such as food & beverage, merchandise, or entertainment (tickets to games or other events)? Please note that if meals are included as part of a Loyola conference registration fee, please answer NO. If YES, please indicate:	Yes	No
Are these items being sold at/above the cost of goods?		
Out of the department's budget for the function, what portion of the cost are the guests/students being asked to pay for?		
Has Loyola's Illinois sales tax exemption certificate or an Illinois CRT-61 resale certificate been provided to the merchant for the items that will be offered for sale?	Yes	No

#### **MARKETPLACE INFORMATION:**

Please provide any introductory or general information you would like to use on the event/sale page (NOTE: If you need to provide more detail or PRODUCT DETAIL & DEPOSIT INFORMATION, have an image you would like posted on the sale page, please see page 4 or attach that information to this form):

Refund Policy (Required):

LUC email address to be listed on Marketplace as "Store Contact":

#### PRODUCT DETAIL & DEPOSIT INFORMATION:

Provide a details of all individual products/items that you wish to be added to your event/sale as you wish them to appear on the site, including the price for each product/item, and any information you wish to collect from the customer (i.e. name, phone numb student ID, ect.). For EACH INDIVIDUAL PRODUCT/ITEM, provide a **University 6-digit accounting unit and 4-digit account number** that those funds will be deposited to and a **start and end date of the sale of each product/item; THIS INFORMATION IS REQUIRED.**\*Please note, that credit card revenue should be deposited in a revenue account.

## PRODUCT DETAIL & DEPOSIT INFORMATION:

# Where will the funds be deposited? What is the start/end date of credit card sales?

**Product Detail (Include information collected from the customer):** 

Product 1:		
	AU	Account Code
	Start Date:	
	End Date:	
Product 2:		
	AU	Account Code
	Start Date:	
	End Date:	
Product 3:		
	AU	Account Code
	Start Date:	
	End Date:	
Product 4:		
	AU	Account Code
	Start Date:	
	End Date:	

### **ADDITIONAL INFORMATION:**

Enter any necessary additional information for this request below (i.e. event details or language you would like added to the Marketplace page):

NOTE: If you have information that does not fit in this form or photos to add, please attach it with this request.

## REQUEST REVIEW: THIS SECTION IS TO BE FILLED OUT BY CASH MANAGEMENT ONLY

Status of this request for the acceptance of credit card payments after review by Cash Management:		APPROVED		DENIED				
The following payment methods are approved for use of credit card acceptance:								
Marketplace uStore	Marketplace uPay Site	POS Mobile Terminal		POS Analoga Terminal	/Ethernet			
Marketplace Merchant Name:								
Store Front Name:								
Collection of Sales Tax Requir	ed (Per Tax & Financial Com	npliance)? Ye	es	N	0			
Reviewed By:			Date:					