

# Merchant ID Information Form

Please complete this form to obtain a new credit card merchant ID number and/or new credit card terminals. A separate form for each new merchant ID request is required.

## **Section 1:**

What is your department's business name (ex: surgery's name is HSCEP-ELP Surgery)?

What is the department's physical address (address, mail stop, city, state, and zip code)?

Who will be the primary contact for questions regarding credit card transactions and customer disputes?

Please provide the full name, title, email, phone number and fax number.

Please mark the credit cards you wish to accept:

- Visa/ MasterCard
- Discover
- American Express

\*Please be aware that each credit card has separate fees. For more information, contact the banking and receivables accountant in Accounting Services.

## **Section 2:**

Does your department currently accept credit cards?  
(If NO-please skip to Section 3)

Please provide the merchant ID number you currently use:

Do you wish to continue using this merchant ID or create a new merchant ID?

## **Section 3:**

How many credit card terminals will be needed? If the terminals will not share a merchant ID, please complete a separate form for each separate merchant ID.

Please provide the physical address for each terminal ordered.

Terminal 1:

Terminal 2:

Terminal 3:

\*If ordering more than 3 terminals, please attach the physical addresses to form.

Please provide the address you would like the terminal(s) shipped:

Please return completed form to Accounting Services-130 Val Verde El Paso, TX 79905 Attn: Credit Card Processor