

# Credit Card Application

## Visa/MasterCard Merchant Application



TREASURER'S OFFICE USE ONLY	
Visa/MasterCard MID's:	
American Express MID's:	
Discover MID's:	
Agent:	
Location:	

AGENCY INFORMATION			
Federal Tax ID Number:		Agency Number:	
DBA Name:			
Physical Address:			
City:		State:	
		Zip Code:	

CONTACT INFORMATION			
Name:		Phone Number:	
Fax Number:		Email Address:	

OTHER CARDS	
Diners:	JCB:

PBX AND SETTLEMENT TIME			
Dialing Code – Dial "9" First?		Settlement Type:	
		Settlement Time:	

ACCEPTANCE (WILL YOU BE ACCEPTING...?)			
Face to Face Payment:		Mail/Phone Orders:	
		Internet Payments:	

INTERNET/PC CONTACT INFORMATION (IF APPLICABLE)			
Name:		Phone Number:	
Fax Number:		Email Address:	

NEW NUMBERS (WILL YOU REQUIRE NEW AMEX OR DISCOVER NUMBERS?)	
AMEX Number:	Discover Number:

EQUIPMENT REQUIREMENTS			
Quantity:			
Specify Existing Equipment/Software:			
Type of Equipment Needed:			
Will a Manual Imprinter need to be Purchased:		Price for Equipment Needed:	

AGENCY SALES AND VOLUME			
Total Annual Sales:		Average Ticket:	
Monthly Credit Card Volume:		Monthly Check Volume:	

CHARGEBACK CONTACT INFORMATION			
Name:		Phone Number:	
Fax Number:		Email Address:	
Mailing Address:			
City:		State:	
		Zip Code:	

Specific Instructions (Please indicate if the funds should be deposited in an account other than your agency clearing account here):
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**IMPORTANT: IF A REQUEST FOR AN AGENCY THAT IS NEW TO THE TREASURER'S CREDIT CARD PROGRAM IS SUBMITTED, ATTACHMENT B MUST ALSO BE SIGNED AND SUBMITTED. ALL FIELDS IN YELLOW WILL BE COMPLETED BY THE TREASURER'S OFFICE. ALL FIELDS IN BLUE ARE REQUIRED.**

Please return all completed forms by mail, fax, or email to:  
 Oklahoma State Treasurer's Office, Attention: Treasury Services / Credit Card  
 2300 N. Lincoln, Suite 217, Oklahoma City, OK 73105  
 Fax: 405-521-4176  
 Diedra.oneil@treasurer.ok.gov

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### Completion Instructions



<u>Field</u>	<u>Required Response</u>
Visa/Master Card MID's	COMPLETED BY THE TREASURER'S OFFICE.
American Express MID's	COMPLETED BY THE TREASURER'S OFFICE.
Discover MID's	COMPLETED BY THE TREASURER'S OFFICE.
Agent	COMPLETED BY THE TREASURER'S OFFICE.
Location	COMPLETED BY THE TREASURER'S OFFICE.
Federal Tax ID Number	List the federal tax ID if not a state agency.
Agency Number	List the agency number.
DBA Name	List the full 'doing business as' name of the agency. This will be the name that appears on your Bank of America (BOA) and customer statements.
Physical address	List the physical address, city, state and zip code for the agency's main office.
Contact Information	Enter the contact information for individual responsible for the credit card program at the agency.
Phone Number	Enter a number where the contact person may be reached.
Fax Number	Input a fax number where the contact person may receive faxes.
Email Address	Enter an email address where the contact person may be reached.
Diner	Select the appropriate response from the drop down box.
JCB	Select the appropriate response from the drop down box.
Dialing Code – Dial "9" First	Select the appropriate response from the drop down box.
Settlement Type	Select the appropriate response from the drop down box.
Settlement Time	Select the appropriate response from the drop down box.
<b>*Note: Closing must be done before midnight regardless of method chosen.</b>	
Face-to-Face Payments	Select the appropriate response from the drop down box.
Mail/Phone Orders	Select the appropriate response from the drop down box.
Internet Payments	Select the appropriate response from the drop down box.
Internet/PC Contact Info...	Enter the contact information for the individual responsible for internet processing in this section.
AMEX Numbers	Select the appropriate response from the drop down box.
Discover Numbers	Select the appropriate response from the drop down box.
Quantity of Equipment	Input the number of terminals to be added.
Specify Existing Equipment...	Enter the type of equipment currently being used (i.e., Hypercom T7 Plus, Ok.Gov, Touchnet Software etc. Please specify version and gateway if applicable.)
Type of Equipment Needed	Agencies requesting new terminals must enter if they need new equipment and the type.
Will a Manual Imprinter need ...	Select the appropriate response from the drop down box. Manual imprinters are used for imprinting cards when the system is not functioning.
Price for Equipment Needed	Enter the total cost of the equipment that will be needed. The purchase price for the Hypercom T7Plus is \$325, plus shipping and handling.
Agency Sales and Volume	Enter an estimate of the agency location's total annual sales, average ticket, monthly credit card volume and monthly check volume in the appropriate fields. This information is used by BOA for fraud prevention.
Chargeback Contact Information	Enter contact information for individual responsible for chargebacks in this section.
Specific Instructions	If there are special instructions, notate accordingly in this field.

\* All fields in yellow will be completed by the Treasurer's Office. All fields in blue are required.

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## Agency Contact Information



AGENCY INFORMATION	
Agency Name:	
Agency Number:	
Address:	
Telephone Number:	
Fax Number:	
Agency Location:	
Settlement DDA Account Number:	0010027685
Transit Routing Number:	103000648

CONTACTS	
<b>PRIMARY AGENCY CONTACT</b>	
Name:	Phone Number:
Address:	

<b>PRIMARY LOCATION CONTACT</b>	
Name:	Phone Number:
Address:	

<b>CHARGEBACK DOCUMENTATION CONTACT</b>	
Name:	Phone Number:
Address:	

<b>BILLING AND ACCOUNT CONTACT</b>	
Name:	Phone Number:
Address:	

# Credit Card Application

Online User Access  
Attachment B



**DATE REQUESTED:**

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**AGENCY NAME:**

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**AGENCY NUMBER:**

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**MERCHANT NUMBER:**

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**NUMBER OF NEW  
LOCATIONS:**

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**AGENCY APPROVAL**

\_\_\_\_\_  
**CHIEF FINANCIAL OFFICER (CFO)**

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**CFO SIGNATURE**