



University Revenue & Receivables

G-12 Sikes Hall Box 3453078

Clemson, SC 29635

<http://www.clemson.edu/cfo/receivables/bursar/index.html>

Credit Card Processing Request Form

Department Name: _____
Department Contact Person: _____
Email contact: _____

Type of Transaction _____ Avg. Expected Transaction Amount _____
Credit Card Terminal _____
Internet Transactions _____ Expected Transaction Volume _____

Describe the Business Nature of the Transaction (include general timeline/seasonal traffic, etc)

Proposed Merchant Name: _____
Departmental Administrative Reporting Access _____

Please fax form to 656-4374 - Attn: Cathy Freeman