

**E-Commerce Questionnaire**

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| |  |  | | --- | --- | | **Official Spending Unit Name:** | **WEST VIRGINIA UNIVERSITY** | | **Spending Unit/Agency:** | **FINANCIAL SERVICES** | | **Address:** | **PO BOX 6001 MORGANTOWN, WV 26506-6001** | | **E-mail:** | **ecommerce@mail.wvu.edu** | |

**Please complete ALL sections below for activation of your E-Commerce Account Request and return to Revenue Services at** [**revenueservices@mail.wvu.edu**](mailto:revenueservices@mail.wvu.edu)

**Departmental Contact Information: For Store Manager**

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| --- | --- | --- |
| Name: | Email: | Phone: 304-293-\_ \_ \_ \_ |
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**Departmental Contact Information: For Site Owner**

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| Name: | Email: | Phone: 304-293-\_ \_ \_ \_ |
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**Departmental Contact Information: For Receipt of Monthly Invoices**

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| Name: | Email: | Phone: 304-293-\_ \_ \_ \_ |
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**DEPARTMENTAL Contact Information: For Miscellaneous Receipt Distribution**

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| Name: | Email: | Phone: 304-293-\_ \_ \_ \_ |
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| **Credit/Debit Cards Accepted:** (check all that apply) | | | |
| **Visa/MasterCard** | **Discover** | **American Express** | **ACH** |

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| **Do you plan to accept ACH as a form of payment?** | **YES  NO** |
| **If yes, how will customer be authenticated?** |  |
| **Do you plan to accept IGT as a form of payment?** | **YES  NO** |
| **Product and/or services offered:** |  |
| **MAP GL account where revenue is to be deposited:**  **(**Full accounting string needed) | **Campus \_\_ \_\_**  **Departmental Activity \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_**  **Fund \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_**  **Revenue Line Item \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_** (Start’s w/4)  **Function \_\_ \_\_ \_\_**  **Project \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_** |
| **Annual total transactions under current system?** | **$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Average transaction amount?** | **$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Projection for future use of online card processing?** | **$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Peak time of year for products/services/activities?** |  |
| **Anticipate beginning electronic payment acceptance?** |  |
| **Briefly describe the service for which West Virginia University desires to accept online payment. Include current operations and planned usage, and describe any other program or third-party providers that will be directly involved with the online activity.** | |
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**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**