

Credit Card Application

American Express Merchant Application



AGENCY INFORMATION	
Agency Name:	
Agency Location:	
Agency Physical Address:	
Agency Mailing Address:	
Depository Bank Name:	JPMChase, Oklahoma City
Transit Routing Number:	103000648
Checking Account Number:	0010027685
Location Telephone Number:	
Contact Name:	
Type of Business:	

PAYMENT ACCEPTANCE INFORMATION	
Do you accept mail, phone, or internet orders?	
Do you accept American Express?	Merchant Numbers
Do you accept Discover Card?	Treasurer's Office Use Only

TELEPHONE SYSTEM / TERMINAL INFORMATION			
Single Line:	Multiple Line:	PBX Access / Dial 9:	Internet Portal:
Type of Terminal (Model):		Number of Terminals:	
Type of Terminal (Mode):		Number of Terminals:	
Purchase / Lease Options:			

BATCH CLOSING REQUIREMENTS			
Manual Close:	Auto Close:	If Auto Close, Choose Time of Day:	

Chief Financial Officer			
Signature:	Date:	Phone Number:	

Field

Agency Name
 Agency Location
 Agency Physical Address
 Agency Mailing Address
 Location Telephone Number
 Contact Name
 Type of Business
 Single Line
 Multiple Line
 PBX Access / Dial 9
 Internet Portal
 Type of Terminal (Model)
 Number of Terminal
 Type of Terminal (Mode)
 Number of Terminals
 Purchase /Lease Options
 Manual Close
 Auto Close
 If Auto Close, Choose Time of Day
 Chief Financial Officer

Response

Enter the name of the agency.
 COMPLETED BY TREASURER'S OFFICE
 Input the physical address of the agency where credit card services will be rendered.
 Enter the mailing address if different than the physical address. Otherwise, input 'Same'.
 Input the phone number where the terminal will be located.
 Enter the name of the agency contact for credit card.
 Input the type of business that is conducted at the credit card location.
 Select the appropriate response from the drop down box.
 Select the appropriate response from the drop down box.
 Select the appropriate response from the drop down box.
 Select the appropriate response from the drop down box.
 Enter the model of credit card terminal that will be used at this location.
 Input the number of terminals that will be used at this location.
 Enter the mode of credit card terminal that will be used at this location.
 Input the number of terminals that will be used at this location.
 Select the appropriate response from the drop down box.
 Select the appropriate response from the drop down box.
 Select the appropriate response from the drop down box.
 If you answered 'Yes' to the previous question, select the appropriate response from the drop down box.
 Enter the name of the chief financial officer. His/her signature is required on the next line.

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