Request for E-Market Checkout

Department Name: ___________________________ Date: ___________________________

Primary Contact: ___________________________ Primary Contact Phone: ___________________________

Primary Email Address: ________________________ Primary Contact Fax: ___________________________

Secondary Contact: ___________________________ Secondary Contact Phone: ___________________________

Secondary Email Address: ________________________ Name and Date of Event: ___________________________

1. Has your department used one of the CASHNet E-Market applications before? Yes No

What is your URL address? ___________________________

2. Does your Department have someone with experience working with web applications?
   Name: ___________________________
   Email: ___________________________

3. Please provide an estimated date of when you will need the site available:
   *Please note that larger projects may require additional set up time
   ___________________________

4. Circle type of payments to be accepted: MasterCard VISA Discover AMEX ACH
   Note: Department is responsible to pay credit card processing fees of approximately 2%.

5. G/L Account where the funds are to be deposited: ___________________________

By signing below, each undersigned individual affirms that the information inserted above is complete and accurate, and that the individual has read and understood the University of Hartford policy entitled “Accepting Credit Cards for Conducting University Business,” with which the individual must comply as a University employee.

Signature of person requesting E-Market Checkout ___________________________ Date ___________________________

Printed/Typed Name ___________________________

Signature of Dean/Department Head ___________________________ Date ___________________________

Printed/Typed Name ___________________________

Approved by E-Market Administrator ___________________________

Signature ___________________________ Date of Approval ___________________________