Print Form

[Rev 1/14] ULM Computing Center

TOUCHNET PAYMENT GATEWAY / MARKETPLACE MANAGEMENT

To be completed by Department Head or Director

Name:	Date:
CWID:	Department:
Telephone:	Job Title :

Status: ☐ Web Programmer ☐ Functional User ☐ Other _____

(Please check one of the above status items.)

Email Address: _____

ACCESS LEVELS:

Payment Gateway

Check one or both: ☐ Production ☐ Test

Role: ☐ Administrator ☐ Accountant ☐ Cashier ☐ Bursar ☐ Process Credit

Merchant: _____

MarketPlace

Check one or both: ☐ Production ☐ Test

Role: ☐ Merchant Manager ☐ Store Manager ☐ UPay Site Manager ☐ Fulfiller ☐ Store Clerk

StoreFront: _____

Applicant Signature: _____ Date: _____

Departmental Signature: _____ Date: _____

Controller (Finance Purposes): _____ Date: _____