



# E-Commerce Questionnaire

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**

Name:	Email:	Phone: 304-929-

**Departmental Contact Information: For Site Owner**

Name:	Email:	Phone: 304-929-

**Departmental Contact Information: For Receipt of Monthly Invoices**

Name:	Email:	Phone: 304-929-
Amy Alton	<a href="mailto:amy.alton@mail.wvu.edu">amy.alton@mail.wvu.edu</a>	304-929-1246

**DEPARTMENTAL Contact Information: For Miscellaneous Receipt Distribution**

Name:	Email:	Phone: 304-929-
Amy Alton	<a href="mailto:amy.alton@mail.wvu.edu">amy.alton@mail.wvu.edu</a>	304-929-1246

**Credit/Debit Cards Accepted: (check all that apply)**

<input checked="" type="checkbox"/> Visa/MasterCard	<input checked="" type="checkbox"/> Discover	<input type="checkbox"/> American Express	<input type="checkbox"/> ACH
---	--	---	------------------------------

Do you plan to accept ACH as a form of payment?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
If yes, how will customer be authenticated?	N/A	
Do you plan to accept IGT as a form of payment?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> 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 <u>9 9 9</u> Project <u>9 9 9 9 9 9 9 9</u>	
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.		

Signature: \_\_\_\_\_

Date: \_\_\_\_\_