

**American Express Merchant ID Request Form**

**UW-Madison applicants: Complete only the section below highlighted in yellow.**

**NOTE: SET UP SHEETS WITHOUT CONTRACTS WILL BE REJECTED**

Amex MBD #/Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signing Date (month/day/year): \_\_\_\_\_

If This Signing Is A Dependent Under A Master Agreement, which Master: State of Wisconsin

Affiliation Information: CAP #: \_\_\_\_\_ MAP #: 3480132562

Type of Government Account (SIPGM Code): 021 State Gov't

**Federal Tax ID#:** 39-1805963

Origin Code: State 19

**UW-Madison applicants complete only the section below highlighted in yellow:**

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Account Name:

Merchant Name:

(Also known as "Doing Business As" or DBA; maximum 25 characters.)

Address 1:

Address 2:

City: Madison State: WI Zip:

Telephone #:

Fax #:

Web Site of Business (if applicable):

Authorized Signer:

Authorized Signer Title:

Contact Name:

Contact E-Mail:

Additional Address:

Attention:

Reports  Correspondence  Supplies  Other

Discount Rate: 2.25

Est. CV\$

Avg. Charge

## American Express Merchant ID Request Form

Category:

Industry:

Education Industry Code:

Government Industry Code:

**541 State-Other (Including Master Agreement)**

CONTRACT:      APA       Custom       Pre-Printed

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**Payment Information:**

Individual Pay (Per Location)  Central Pay (All Locations Combined)

3 day pay  2 day pay\*\*(must be a business requirement or required by law)

15 day pay  30 day pay

Pay-In-Gross:  (Auto debit on the 5<sup>th</sup> of following month) Net Pay:

ACH (Deposits): ABA: 075000022 DDA: 312800226 Bank: US Bank

ACH (Debits): ABA: 075000022 DDA: 312800226 Bank: US Bank

Location/ACH Descriptor: \_\_\_\_\_

**DISCOUNT INVOICING \*\*\*Must Be Required By Law and/or Deal-Breaker to Offer\*\*\*  
REQUIRES PRE-APPROVAL OF REI-GOVERNMENT TEAM  
Invoice for discount fees the following month. Monthly report sent with invoice.  
Chargebacks and credits applied directly as separate entries. Banks won't net.**

Contact name for payment of invoices: \_\_\_\_\_

Contact telephone number for payment of invoices: \_\_\_\_\_

Contact e-mail address for payment of invoices: \_\_\_\_\_

**ANY OTHER CHARGEBACK PROCESS REQUIREMENTS NEED TO BE DETAILED IN THE SPECIAL HANDLING SECTION**

**Reporting Method:**

Online Merchant Services (OMS)

Paper  Calendar  Month  Weekly  (Starting on which day of week? \_\_\_\_\_)

Pay In Gross  Daily Summary Fax  Daily Detail Fax

Fax #: \_\_\_\_\_ Attn: \_\_\_\_\_

(NOTE: With the Daily Detail Fax option, SE will not receive monthly back-up paper report)

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**SPECIAL HANDLING NEEDS:**

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Will convenience fees be charged? Yes  No

If Yes, who is charging the Convenience Fees?

If No, the amount of the charge and the amount of the convenience fee must appear as separate charges, and the following information for payment of the convenience fee must be provided:

Name of Bank \_\_\_\_\_

ABA # \_\_\_\_\_ DDA # \_\_\_\_\_

**Supply Information:**

Send Start-Up Kits: No  Yes

Send Supplies: No  Yes  To: Each Location?  HQ Address?

Supplies Requested: # of Multi-Card Decals 5 # of Multi-Card Plaques 5

# of Amex Only Decals 5 # of Amex Only Plaques 5

Additional Supply Requests: \_\_\_\_\_

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Contract Completed By: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Salesperson Name: Ragina Ireland Telephone #: 800 710-9429

Merchant Number: \_\_\_\_\_

CAP #: \_\_\_\_\_ MAP #: 3480132562 Dependent #: \_\_\_\_\_

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