

# Commerce Manager Request Form

Commerce Manager is a credit card processing solution for departments who need to take credit cards for small workshops, events, etc. Please allow **AT LEAST ONE WEEK** from the date this form will be provided to the Treasurer's Office until the website start date. The Central eCommerce office can be reached at 774-455-7581 if you have questions.

Please provide a short description of your credit card processing need:

---

---

---

Department Head authorization to take credit cards

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Department/Event Information

- Department Name \_\_\_\_\_
- Event Name (50 character max) \_\_\_\_\_
- Event Date(s) \_\_\_\_\_
- Website Start Date (day to start accepting payments, Mon-Fri 8am-4pm) \_\_\_\_\_
- Website End Date (last day to accept payment, Mon-Fri 8am-4pm) \_\_\_\_\_
- Contact Person \_\_\_\_\_
  - Phone \_\_\_\_\_ email \_\_\_\_\_
- Technical contact\* \_\_\_\_\_
  - Phone \_\_\_\_\_ email \_\_\_\_\_

\*Technical contact is someone who has access to your web page for development. Some changes to insert Commerce Manager will need to be made.

## Chartstring Information (Fields in **BOLD** are **REQUIRED**)

- **REVENUE:**                      **Business Unit** \_\_\_\_\_                      **Account** \_\_\_\_\_  
Fund \_\_\_\_\_      Dept ID \_\_\_\_\_                      Program Code \_\_\_\_\_  
Class \_\_\_\_\_      Project/Grant \_\_\_\_\_
- **FEES:**                              **Business Unit** \_\_\_\_\_                      **Account** \_\_\_\_\_  
Fund \_\_\_\_\_      Dept ID \_\_\_\_\_                      Program Code \_\_\_\_\_  
Class \_\_\_\_\_      Project/Grant \_\_\_\_\_

**Payment Information**

- Payment Amount(s) \_\_\_\_\_
  - Please attach a separate sheet if you have multiple rates and cannot fit on this line, ex: student \$10, public \$35
  
- Card/Account Types:  MasterCard  
 American Express (not accepted at Lowell)  
 Discover  
 Visa
  
- Additional Required Fields:  Address associated with account (Billing Address)  
(Pertaining to the credit  Allow international addresses  
card account holder)  Daytime telephone number  
 Evening telephone number  
 Email address

**Reporting Information**

Please list the names and emails of those who will need access to Commerce Manager reporting

---

---

---

---

---

**User Defined Fields**

You have the ability to add 10 user defined fields in order to gather information about the attendee. We recommend that the participant/attendee name be at least one of them to differentiate from the cardholder in case it is two different people. Your fields can be a text box (enter free form data) or Drop Down box (list of choices) or Checkbox (Y/N answer to a question). If you choose Drop Down box, indicate your list values (see example on next page). You can also choose to make these fields either required or optional for the registrant to complete.

**Please note that Text Fields have a 50 character maximum (including spaces and punctuation).**

<u>FIELD</u>	<u>LABEL</u>	<u>REQUIRED</u>	<u>TYPE</u>	<u>*DROP DOWN BOX VALUES</u>
EXAMPLE OF USER DEFINED FIELD	WATER BOTTLE COLOR	YES NO	TEXT BOX DROP DOWN* CHECKBOX (Y/N)	GREEN BLUE RED
User Defined Field 1 (Recommend this be Attendee First Name)		YES NO	TEXT BOX DROP DOWN* CHECKBOX (Y/N)	
User Defined Field 2 (Recommend this be Attendee Last Name)		YES NO	TEXT BOX DROP DOWN* CHECKBOX (Y/N)	
User Defined Field 3		YES NO	TEXT BOX DROP DOWN* CHECKBOX (Y/N)	
User Defined Field 4		YES NO	TEXT BOX DROP DOWN* CHECKBOX (Y/N)	
User Defined Field 5		YES NO	TEXT BOX DROP DOWN* CHECKBOX (Y/N)	
User Defined Field 6		YES NO	TEXT BOX DROP DOWN* CHECKBOX (Y/N)	
User Defined Field 7		YES NO	TEXT BOX DROP DOWN* CHECKBOX (Y/N)	
User Defined Field 8		YES NO	TEXT BOX DROP DOWN* CHECKBOX (Y/N)	
User Defined Field 9		YES NO	TEXT BOX DROP DOWN* CHECKBOX (Y/N)	
User Defined Field 10		YES NO	TEXT BOX DROP DOWN* CHECKBOX (Y/N)	

**Campus Approval**

Campus eCommerce Representative Approval (to be approved after form is complete and then faxed to Jen Kroleski at 774-455-7592).

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date