



Wireless Credit Card Machine Rental Procedures and Guidelines

Contact Information

Name: _____ Phone Number: _____

Address: _____

Email Address: _____

Event Name: _____ Event Date(s) _____

Terms of Agreement

The USU Card Office agrees to allow you to use equipment for the purpose of collecting monies and processing credit cards under the following conditions. The persons needing the equipment agree to pay the 3.5% of the total sum of transactions processed through the machine(s). The system will accept Visa, MasterCard, and Discover; it will **not accept American Express**. The renter will be required to pick up the equipment and return the equipment. All Cashiers will be required to do a face-to-face Credit Card Security Training or the Online Credit Card Security Training prior to checking out the machine

The renter will be responsible for submitting any cash, coins, and checks to the Cashier's Office. A signed copy of the credit card receipt needs to be retained for our records. The renter will submit all credit card receipts, the batch total receipt, and the equipment to the Card Office Accountant at the end of the event. All equipment must be stored in a locked and secure area when not being used. Equipment can be collected from and returned to the Card Office in TSC 212 Monday-Friday between the hours of 8AM and 5PM.

Renters are responsible for all returns processed through the machines.

Renters/Departments will be responsible for the replacement cost of the device if the device is lost or stolen while in their possession.

Signature: _____ **Date:** _____

*by signing you are responsible for returning the equipment in working order or replacing said equipment

Cashier Information

First Name	Last Name	A#
_____	_____	_____
_____	_____	_____

Payment Information

Sales revenue will be journal entried back to the Banner account minus fees via a Banner Index Number. Departments are responsible for the all sales tax.

Index Number: _____ Fund: _____

Account Number: _____ Organization: _____

Accountant's Name: _____ Phone Number: _____

Email Address: _____ Department: _____

Signature: _____ **Date:** _____

*by signing you are agreeing to accept money in behalf of the above individual and to handle all tax obligations.