



## Application for uStore in the CU TouchNet Marketplace

Store/Merchant Name: \_\_\_\_\_ Department Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Does your department have an existing web site?  Yes  No

If so, please provide the web address.

2. Please describe in detail your business proposal. Please make sure to include information such as: What are you planning to sell? What is the purpose of the products and/or services? Will items require shipping?

3. List all 23-digit chart field strings that you will use to record revenue from the sale of products and/or services in your proposed Marketplace Store. If you collect sales taxes, please also list the 23-digit chart field string used to record sales tax collected.

4. Indicate Chartfield to be charged for the monthly credit card fees:

Fund	Program	Account	Department	Class	Project
		7029			

Accounting Contact Person: \_\_\_\_\_  
(If different from above)

5. Indicate the anticipated volume of sales.

Annual dollar amount: \_\_\_\_\_ Annual # of transactions: \_\_\_\_\_

Average dollar amount per transaction: \_\_\_\_\_

Other comments about volume of sales:

Is a peak period of activity expected?  Yes  No

If so, when? \_\_\_\_\_

### AUTHORIZATION

I have read and reviewed the information provided in this application. By signing this application for Marketplace I certify that I understand all parts of it and have answered all questions completely and fully. I acknowledge that the [E-Commerce Policy](#) and the [Marketplace E-Commerce User Agreement](#) have been reviewed and are accepted. Please be aware that if you are approved for a uStore you will be required to monitor and manage it.

\_\_\_\_\_  
(Signature of Requestor) (Date)

\_\_\_\_\_  
(Signature of Business Officer) (Date)