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Merchant Application

Business Information

Merchant's Legal Name: CITY OF JACKSON | Department (DBA): BUILD-PLAN

Physical Street Address (No PO Boxes): 101 COURT STREET

City: JACKSON | State: MO | Zip Code: 63755-1807

Phone: 573-243-3568 | Fax: 573-204-8292

Customer Service/General Office Phone Number: | Website: WWW.JACKSONMO.ORG

Primary Contact-System Administrator:

Name: GINGER EARNEST

Business Phone: 573-243-2300

E-mail: GEARNEST@JACKSONMO.ORG

Secondary Contact-Billing:

Name: CRYSTAL REID

Business Phone: 573-243-3568

E-mail: AP@JACKSONMO.ORG

IT Contact:

Name: JOAN EVANS

Business Phone: 573-243-3568 x2017

E-mail: IT@JACKSONMO.ORG

Third Party Vendor (If Applicable)

Vendor Name: CIVICPLUS

Contact Name: | Contact Phone:

Email:

Business Profile

Federal Tax ID:

Merchant Time Zone: Central | Cut-Off Time: 12:00 AM Midnig

Avg. Bill Amt.: $ | Max. Bill Amt.: $ | Gross Annual $ Collected (Cash/Check/CC/Money Order): $

Bank Account Where Funds Will Be Deposited

Deposit Transit Routing/ABA Number (9 Digits):

Deposit Bank Account Information DDA/Checking Account #:

If a Different Bank Account Is Needed to Debit Fees, Provide the Information Below

Debit Transit Routing/ABA Number (9 Digits): N/A

Debit Bank Account Information DDA/Checking Account #: N/A

Select Services / Select Payment Types To Be Accepted / Pricing

Select Services	Select Payment Types To Be Accepted	Pricing
☑ Internet (WEB)	☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX ☐ eCheck ☑ All	**See and sign the Pricing Schedule
☐ Phone (IVR)	☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX ☐ eCheck ☐ All	
☐ Terminal (POS)	☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX ☐ All Number of Terminals Select	

What type of services or products are you accepting payments for?

BUILDING PERMIT FEES, LICENSING FEES

Notifications

Name: GINGER EARNEST | Phone Number: 573-243-2300 | Email: GEARNEST@JACKSONMO.ORG

☐ Returned Check ☐ Training ☐ Reporting ☐ IT ☐ Accounting ☐ Notifications/Maintenance ☑ All

Name: LARRY MILLER | Phone Number: 573-243-2300 | Email: LMILLER@JACKSONMO.ORG

☐ Returned Check ☐ Training ☐ Reporting ☐ IT ☐ Accounting ☐ Notifications/Maintenance ☑ All

Name: LIZA WALKER | Phone Number: 573-243-3568 | Email: CLERK@JACKSONMO.ORG

☑ Returned Check ☐ Training ☑ Reporting ☑ IT ☐ Accounting ☑ Notifications/Maintenance ☐ All

Name: J | Phone Number: | Email:

☐ Returned Check ☐ Training ☐ Reporting ☐ IT ☐ Accounting ☐ Notifications/Maintenance ☐ All

Merchant Application

Terminals

Should a Field Be Collected on the Point of Sale Terminal.

☐ Yes ☑ No

If Yes, Provide the Names of the Fields to Be Collected - i.e., Cashier ID or Invoice Number

Name

Name

Does The Terminal Require a Static IP Address?

☐ Yes ☑ No

Receipt Header Information

Signature:	Date:
Printed Name: DWAIN L HAHS	Title: MAYOR