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Merchant Application

Business Information

Merchant's Legal Name: CITY OF JACKSON | Department (DBA): PARKS AND RECREATION

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: JASON LIPE

Business Phone: 573-204-8848

E-mail: JLIPE@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?

RENTAL AND REGISTRATION FEES FOR PARKS AND REC PROGRAMS AND EVENTS, CONCESSIONS, MISC. FEES

Notifications

Name: JASON LIPE | Phone Number: 573-204-8848 | Email: JLIPE@JACKSONMO.ORG

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

Name: CHRIS EASTRIDGE | Phone Number: 573-204-8848 | Email: CEASTRIDGE@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: JOAN EVANS | Phone Number: 573-204-8848 | Email: IT@JACKSONMO.ORG

☐ 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