

FMS Usage Only _____
Approved by _____ Date _____

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Plastic Card Network Application



Agency Name: _____ Agency Locator Code (ALC)# _____

Office/Program: _____ Phone: _____ Email address: _____

Agency Address: _____

Authorizing Official Name: _____
Print *Signature*

1) What is the name of the collection flow for which you are considering accepting plastic cards?

2) Current method of collections:
Lockbox _____ In-house & desposited into a TGA _____ Credit Cards _____

3) Type of collections: Public _____% Intragovernmental _____%

4) Are funds paid: By mail _____ Over the counter _____

5) What is the dollar range for credit card transactions? \$ _____ to \$ _____

6) What is the projected credit card transaction dollar amount? \$ _____

7) What is the projected annual number of transactions for this collection flow? _____

8) Total projected annual dollar amount for this collection flow: \$ _____

9) Number of collection sites : _____ Average monthly credit card transaction amount: \$ _____

10) Are you currently using CASHLINK? Yes _____ No _____

11) Are you interested in an Internet Credit Card Application for the collection flow?
Yes _____ No _____

12) Please attach a brief summary describing the steps of your agency collection flow and how the credit card will be used.

Please fax this application to Carolyn Martin at (202) 874-6907. Thank you for your interest in the Plastic Card Network program.