

Rhode Island College eMarket Request Form

Current Date:	Department/Organization:_			
Primary Contact:	Phone:_		Email:	
Responsible for Testing:	Phone:_		Email:	
Approving Authority:			Account:	
Begin Date:	End Date:	Recurring o	r one time:	
Storefront: Checkout			IRL:	
Note: CASHNet requires a no	n-disclosure agreement if da			
• •	shop registration, sale of item brochure Please fill out ite	•	ollected, custom messages, etc.) Attail sheet If needed.	tach
	ame: Address: Ema	_	ne:	
Report Frequency: Daily:	☐ Weekly: ☐ Describe:			
Expected # transactions:	Dollars Collected:		Daily: Weekly: Total:	
Only credit cards are accept	ed. Convenience Fee of 2.75	5% paid by:	College: Dept/Org: Dept/Org:	
Account/Dept receiving fun	ds collected:			

A CASHNet storefront/checkout may not be used to replace the PeopleSoft registration process.

After all of the information is provided, the development of a CASHNet storefront/checkout may take from 3-6 weeks depending on the complexity of the request. The requesting office must test and sign off on the storefront/checkout before it can be released.