**County Office Credit Card Selection**

|  |  |
| --- | --- |
| Name of County Office: |  |
| Contact Name: |  |
| Telephone Number: |  |
| Selection (check one): |  |
| \_\_\_: Option 1 | Quickbooks Merchant |
| \_\_\_: Option 2 | MU Credit Card Terminal (Zon) |
| Name and contact of Individuals Needing Training and Access: |  |
| Signature and Date of Council Chair |  |
| Signature and Date of  County Program Director (CPD) |  |

Please return to Melissa Davison via email ([davisonmm@missouri.edu](mailto:davisonmm@missouri.edu)) or regular mail:

211 Whitten Hall

Columbia, MO 65211