



## MSU Denver Office of Cashiering eMarket Questionnaire

Department/Student Organization: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. Describe the purpose of your store and why you are requesting an eMarket store.
2. How long do you need the store to be active? (i.e. is this a one-time event, annual conference, the store should be up indefinitely, etc.)
3. Where will the URL for your eMarket be located? Do you have a webpage that a link can be added to or will one need to be created?
4. What type of income is this? What FOAPAL will you be depositing the money into? (Student Organizations: What is your 81 number?)
5. What will the money be used for?
6. What type of information will you need to collect? (i.e. name, address, email, etc.)

