P.O. Box 2640, State University, AR 72467 o: 870-972-2285 f: 870-972-3068 email: marketplace@astate.edu

MARKETPLACE REQUEST FORM

Store Name:	
	ge (Short paragraph describing organization, department, event):
Product Name(s)	(Ex: Admission Ticket, Organization T-Shirt, Membership Dues):
Text for Product	Page (Ex: Purpose of fundraiser, costs, what cost includes)
Expected Go Live	• Date (At least 2 weeks from application completion):
Lapected do live	Pate (At least 2 weeks from application completion).
Expected Close D	Pate (If product is not offered continuously):
Contact Informat	ion:
First Name:	
Last Name:	
Email:	
Phone:	
Department:	

TREASURER'S OFFICE



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Target Market (Ex: Students, Local Community, International, Online Community)	
Questions to ask customers (Ex: first name, last name, student ID, email, phone number):	
Refund Policy (refunds / exchanges):	
Email Receipt for Customers:	
Additional Comments:	
FOAP:	

Please download completed form and email to marketplace@AState.edu

Account

Program

ORG

Fund