

Request a StoreFront Online Form ^[1]

First Name: * **Last Name: ***

Email: * **Phone Number: *** **Campus Affiliation: ***

- Select -

Department: * _____

Department Address: * _____

Describe what services or products you plan to sell via the CU Online Store: *

What is the duration of your StoreFront? * - Select -



When do you need the StoreFront operational and able to receive payments? *

NOTE: If you have problems with this form or would like an alternative method of requesting a Storefront, please email onlinestore@cu.edu ^[2].

CAPTCHA

This question is for testing whether or not you are a human visitor and to prevent automated spam submissions.

Submit

Source URL: <https://www.cu.edu/store/forms/request-storefront-online-form>

Links

[1] <https://www.cu.edu/store/forms/request-storefront-online-form> [2] <mailto:onlinestore@cu.edu>