

## Request a StoreFront Online Form [1]

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

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

- Select -

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**Department: \*** \_\_\_\_\_

**Department Address: \*** \_\_\_\_\_

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**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](mailto: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

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**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>