



Merchant Application

Name of Business/DBA

Business Address (include City and Zip Code)

Store Manager

Store/Corporate Web Site URL

Business Phone Number

Business FAX Number Business E-Mail

Corporate Name

Corporate Phone

Corporate Address (include City and Zip Code)

State of Corporation

Type of Corporate Entity

Name and Corporate Title of person signing legal agreement

Federal Tax ID #

Number of years in business

Years business has been in this location

Type of Business

Alcohol to be sold on premises? (yes/no)

Email Address (where you want daily/monthly reports sent)

Date

Signed

Upon completion, please fax or mail this application to:

Campus Card Services
420 University Blvd, CE #217
Indianapolis, IN 46202
Fax: 317-274-7761