Jackson State University

SUPERCARD MERCHANT APPLICATION

_____
Date

Name of Business/DBA | Business Address | City, State, Zip

Name of Store Manager | Business Phone Number | Fax Number

Corporate Owner's name (*The entity that owns the above business*)

Corporate Owner's Address (*include city and zip code*) | Corporate Phone Number

Name of State where business was incorporated | Type of corporation entity (ex*ample: Sub S Corp., C Corp.*)

Name and Corporate Title of Person Signing Legal Agreement | Years in Business

Business Type, Goods and Services (*example: fast food, convenience, etc.*)

Will Alcohol or Tobacco be sold at this establishment? □ Yes □ No

Willing to financially assist the University with:

□ On-campus event(s) □ Student Employment □ Sponsorship(s) □ None

Please list two (2) business references (please print):

Name: _____ Name: _____

Telephone: _____ Telephone: _____

Disclaimer: Interested vendors are welcome to make application; however, it does not guarantee acceptance into the program. JSU reserves the right to approve or disapprove any application without explanation.

For office use only:

□ Approve □ Disapprove □ Perform Site Visit □ Re-visit App. □ Other

Review Board's Comments & Suggestions:_____