

BRIDGEWATER STATE UNIVERSITY

Connect Card Merchant Application

Name of Business/DBA

Business address (include city and zip code)

Name of store manager

Business Telephone Number

Business FAX Number

Corporate Owner Name (The entity which owns the above business)

Corporate Owner Address (include city and zip code)

Corporate Owner Telephone Number

Corporate Owner FAX Number

State where business was incorporated

Type of Corporate Entity (Ex: Sub S Corp., C Corp.)

Name and Corporate Title of person signing legal agreement

Years merchant has been in business

Years at this location

Type or Description of Business (Ex: fast food, convenience)

Do you have a liquor license? (yes/no)

What kind? (please specify)

Reimbursement Address (where do you want checks mailed?)

**Return to Connect Card Services, Hunt Hall Room 001, 26 School Street
Bridgewater State University, Bridgewater, MA 02325**