



UNIVERSITY  
OF  
LOUISIANA  
*L a f a y e t t e*

UL Lafayette  
Cajun Card Office

P.O. Box 43615  
Lafayette, LA 70504-2650  
Office: (337) UL1-CARD  
(337) 851-2273

*Université des Acadiens*

## Off Campus Merchant Application

### Business/Store Information

(Business/Store Name)

(Account Representative)

(Contact Tel)

(E-mail Address)

(Brief Business Description)

Number of Years in Business: \_\_\_\_\_ Separate Check for each location: Yes or No (circle one)

### Location 1

(Business/Store Address)

(City)

(State)

(Zip Code)

(Business/Store Phone Nbr.)

(Business/Store Fax Nbr.)

(Business/Store Primary Contact)

(Primary Contact Tel)

(Primary Contact E-mail Address)

(Check Payable to: Name and Address)

Number of Terminals requested at this Location: \_\_\_\_\_ Location has Static IP Address: Yes or No (circle one)

### Location 2

(Business/Store Address)

(City)

(State)

(Zip Code)

(Business/Store Phone Nbr.)

(Business/Store Fax Nbr.)

(Business/Store Primary Contact)

(Primary Contact Tel)

(Primary Contact E-mail Address)

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(Check Payable to: Name and Address)

Number of Terminals requested at this Location: \_\_\_\_\_ Location has Static IP Address: Yes or No (circle one)

## Owner/Corporate Information

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(Owner Last Name)

(Owner First Name)

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(Corporate Name)

---

(Corporate Address)

---

(City)

(State)

(Zip Code)

---

(Corporate Phone Nbr.)

(Corporate Fax)

---

(Federal Tax ID#)

(State Where Business is incorporated)

(Type of Corporate Entity)

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(Corporate Primary Contact)

(Corp Primary Tel)

(Corporate Primary E-mail Address)

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(Corporate Secondary Contact)

(Corp. Secondary Tel)

(Corporate Secondary E-mail Address)

## Authorized Name and Title of Person Signing Agreement

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(Printed Name)

(Printed Title)

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(Authorized Signature)