



Merchant Application

Business Name/DBA

Business Address (City, State and Zip Code)

Store Manager

Business Telephone #

Business Fax #

Business E-mail

Store/Corporate Web Address

Corporate Name

Corporate Telephone #

Corporate Address (City, State and Zip Code)

State of Incorporation

Type of Corporate Entity

Name and Corporate Title of person signing legal agreement

of Years in Business

of Years at current location

Type of Business

Reimbursement Address (where you would like checks to be mailed)

Signature

Date

Please fax or mail this application to:

**John McDonald
MIT Enterprise Services/TechCASH Office
77 Massachusetts Avenue
Building W32-115
Cambridge, MA 02139
Fax: (617) 452-3150**