



# Merchant Application

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Business Name/DBA

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Business Address (City, State and Zip Code)

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Store Manager

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Business Telephone #

Business Fax #

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Business E-mail

Store/Corporate Web Address

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Corporate Name

Corporate Telephone #

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Corporate Address (City, State and Zip Code)

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State of Incorporation

Type of Corporate Entity

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Name and Corporate Title of person signing legal agreement

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# of Years in Business

# of Years at current location

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Type of Business

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

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Signature

Date

Please send completed application  
via email to [techcash@mit.edu](mailto:techcash@mit.edu) or  
mail to:

John McDonald  
TechCASH Office  
77 Massachusetts Avenue  
Building W32-123  
Cambridge, MA 02139  
Fax: (617) 452-3150