

Date Completed by Merchant: _____

Date Received by LionCash Program: _____

LIONCASH MERCHANT APPLICATION**Business/Store Information**_____
(Business/Store Name)_____
(Business/Store Address)_____
(City)_____
(State)_____
(Zip Code)_____
(Business/Store Phone Number)_____
(Business/Store Fax Number)_____
(Business Description)_____
(Business/Store Primary Contact)_____
(Primary Contact E-mail address)_____
(Business/Store Secondary Contact)_____
(Secondary Contact E-mail Address)_____
(Business/Store Website)**Alcohol Sales:** Yes No **If yes, alcohol as a percentage of Gross Sales:** _____ %**Number of Years in Business:** _____ **At Present Location:** _____**Owner/Corporate Information**_____
(Owner Last Name)_____
(Owner First Name)_____
(Corporate Name)_____
(Corporate Address)_____
(City)_____
(State)_____
(Zip)_____
(Corporate Phone Number)_____
(Corporate Fax Number)_____
(Federal Tax ID#)_____
(State Where Business is Incorporated)_____
(Type of Corporate Entity)_____
(Corporate Primary Contact)_____
(Corporate Primary E-mail Address)_____
(Corporate Secondary Contact)_____
(Corporate Secondary E-mail Address)**Application Continued on Back Side**

Reimbursement Information

AUTHORIZATION FOR DIRECT DEPOSIT/WITHDRAWAL

I authorize The Pennsylvania State University to initiate both deposit and withdrawal entries to my checking and savings account listed below as per LionCash contract terms. The authority will remain in effect until I notify The Pennsylvania State University, in writing, to cancel this authorization.

(Name of Financial Institution)

(Branch/Address)

(City)

(State)

(Zip)

(Name on Bank Account)

(Type of Account)

(Account Number)

(Routing Number)

***VOIDED CHECK MUST BE SUBMITTED WITH APPLICATION**

Select Preferred Frequency of Settlement:

Daily

Weekly

Monthly

E-mail Address for Receipt of Daily Sales Reports: _____

Authorized Name and Title of Person Signing Agreement

(Printed Name)

(Printed Title)

(Signature)

Advertising Information

The University reserves the right to use the information provided below in its advertising and promotional materials.

(Business Name)

(Business Address)

(Telephone Number)

(Website Address)

Check All That Apply

- | | | |
|---|--|--|
| <input type="checkbox"/> Auto Repair/Road Service | <input type="checkbox"/> Gift/Specialty Shop | <input type="checkbox"/> Mailing/Shipping Service |
| <input type="checkbox"/> Bookstore | <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Massage Studio |
| <input type="checkbox"/> Clothing/Apparel Store | <input type="checkbox"/> Hair Salon/Barber | <input type="checkbox"/> Nail Salon |
| <input type="checkbox"/> Computer/Repair Store | <input type="checkbox"/> Health/Fitness Center | <input type="checkbox"/> Office/School Supply Store |
| <input type="checkbox"/> Convenience/Pharmacy | <input type="checkbox"/> Home Furnishings | <input type="checkbox"/> Printing Service |
| <input type="checkbox"/> Copy Center | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Restaurant (Delivery Available) |
| <input type="checkbox"/> Dessert Shop | <input type="checkbox"/> Internet Retailer | <input type="checkbox"/> Restaurant (Dine In/Take Out) |
| <input type="checkbox"/> Ethnic/Natural Store | <input type="checkbox"/> Jeweler | <input type="checkbox"/> Sports/Recreation Venue |
| <input type="checkbox"/> Florist | <input type="checkbox"/> Laundry Center | |

If no other categories apply or additional category needed:

Other _____