



GoldPLUS / ID Office
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Merchant GoldPLUS Application

This document is not a contract. This form is to assist us in the review of your business for possible participation in the University's debit card program (GoldPLUS). This is for information purposes only.

Corporate Name _____

Doing Business Under? (Name on Storefront) _____

Type of Ownership? Sole Proprietorship/Partnership/LLC/Corporation (what state?) _____

Business Address _____

Phone # _____ **Fax #** _____ **E-Mail** _____

Address For Checks/Correspondence _____

Owner Name _____ **Manager/KeyContact** _____

Type of Business/Products: _____

Do you sell alcohol and/or tobacco products? _____

What % of total sales are alcohol/tobacco? (If any, fill out attached addendum)

Hours of Operation: _____

Payment Schedule Preferred:

____ Monthly (Net 30); Less 3.5%

____ Two Weeks (Net 21); Less 4.3%

____ Weekly (Net 14); Less 5.0%

Signature _____ **Date** _____

GoldPLUS Merchant Sales Information Form

This document is an addendum to your "Merchant GoldPLUS Application".

Business Name _____

Business Address _____

Phone # _____

Based on your most recently completed tax year, what percentage of your business' total annual sales is from the sale of:

- | | | |
|-----------------------------------------------------|-------|----------|
| 1. Alcoholic beverages | _____ | % |
| 2. Tobacco products | _____ | % |
| 3. Gambling services (i.e., lottery tickets) | _____ | % |

By signing below, I represent that the information provided above is accurate. I understand that misrepresentation of this information may result in the termination of my Lehigh University Campus Debit Card Merchant Participation Agreement.

Signature _____

Printed Name _____

Title _____

Date _____