



GoldPLUS / IDEAL Office
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GoldPLUS Merchant 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 # _____

E-Mail _____

Address For Correspondence _____

Owner Name _____

Manager/KeyContact _____

Hours of Operation: _____

Type of Business/Products: _____

Receipt Tip Line: Yes No

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) _____ %

Signature _____ **Date** _____

GoldPLUS Merchant Direct Deposit Agreement

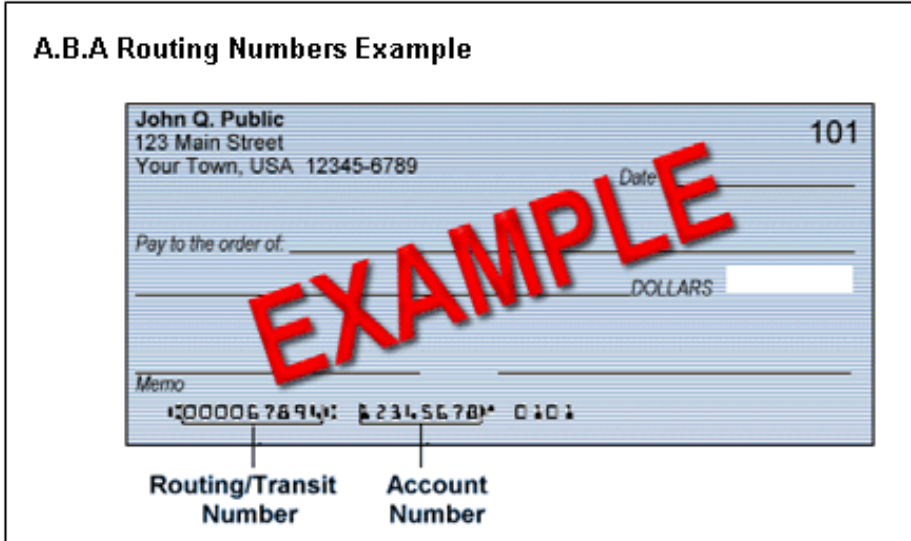
This document is an addendum to your "Merchant GoldPLUS Application".

Business Name _____

Financial Institution Name _____

Routing Transit / ABA Number | | | | | | | | | |

Account Number _____



I hereby authorize Lehigh University/Off-Campus Advan to initiate credit entries to my account indicated above, and the financial institution listed to credit the same entries to such account. This authority is to remain in effect until Lehigh University has received written notification from me on its termination or change in such time and such manner as to afford Lehigh University sufficient time to act on it. A new GoldPLUS Merchant Direct Deposit Agreement is required for each change in Financial Institution and/or Account Number. I understand that termination of business relationship shall constitute sufficient authorization to terminate this agreement.

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 _____