

NEW YORK UNIVERSITY
NYUCard Services
383 Lafayette St
New York, NY 10003
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MERCHANT APPLICATION

Date: _____

Legal Business Name: _____

DBA Name: _____

Street Address: _____

City: _____

State: _____

Business Phone: _____

Business Fax: _____

Business E-mail: _____

Owner Name and Title: _____

Owner Address: _____

Owner Phone: _____

Number of Years in Business: _____

Billing Contact Name: _____

Remit Payment to Address: _____

Federal Tax ID Number: _____

Business Classification: Small Business Woman-owned
 Minority Normal

Product/Service Providing: _____

Note: Owner must be present to sign the legal agreement