

## RowanCard Application

Complete the following application to be approved for participation by the university. All fields marked by an asterisk (\*) are required.

### Business Information

Name of Business\* : \_\_\_\_\_

Business Address\* : \_\_\_\_\_

Website \_\_\_\_\_

Business Phone\* \_\_\_\_\_

Business Fax\* \_\_\_\_\_

Alcohol Sales\* \_\_\_\_\_

Number of years in business\* \_\_\_\_\_

Number of years at current location\* \_\_\_\_\_

### Corporate/Billing Information

Name\* \_\_\_\_\_

Address\* \_\_\_\_\_

Phone\* \_\_\_\_\_

Fax\* \_\_\_\_\_

### Tax Information

Federal Tax ID#\* \_\_\_\_\_

Corporate Entity\* \_\_\_\_\_

### Name and Title of Person Signing Agreement

Name & Title\* \_\_\_\_\_

### About the Business

What category fits your business\* \_\_\_\_\_

If you are a restaurant, what type of food do you serve? (fast food, pizza, chinese, etc.) \_\_\_\_\_

Do you deliver\* \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_