



Supercard Merchant Program

Dear Interested Merchant:

Thank you for your interest in the Jackson State University card program. The Supercard Program is a declining balance program that works like a debit card. This program permits administrators, faculty, staff and students with funds available in their accounts, to use their JSU ID/Supercard to purchase goods and services from participating merchants.

Please submit the required documentation:

- A Supercard Merchant Application;
- A copy of State of Mississippi Business Permit/Licenses;
- A copy of Certificate of Registration/Licensure, *if applicable*;
- A copy of your State Board of Health Food Inspection Report, *if applicable*;
- *A minimum of one (1) year at your current location is required.*
- *Application fee of \$75.00 Medical Service (make check or money order payable to: The Department Of Contractual Services).*
- *Additional fees required should merchant choose to participate in program.*

***Interested vendors are welcome to complete an application;
however, it does not guarantee acceptance into the program.
JSU reserves the right to approve or disapprove any application without explanation.
(Application Fees Non-Refundable)***

Applications are received and reviewed between of June 1-30 and December 1-30. All applicants will be notified in writing within thirty (30) business days from the date the application was received. Please return the required documents to the Department of Contractual Services, JSU Box 18079 Jackson, MS 39217 or you may hand-deliver to Jackson State University, Jacob L. Reddix Hall, 3rd Floor, #321.

Attachment:
Supercard Merchant Application

JSU CARD PROGRAM APPLICATION

APPLICANT INFORMATION

Name:

Current Address:

City:

State:

Zip Code:

E-mail:

Phone:

Fax:

U.S. CITIZEN? ____YES ____ NO IF NO, ARE YOU AUTHORIZED TO WORK/OPERATE IN THE U.S.? ____YES ____ NO

BUSINESS INFORMATION

Name of Business/DBA:

Business Address:

City:

State:

Zip Code:

Email:

Phone:

Fax:

Will Alcohol or Tobacco be sold at this establishment? ____Yes ____ No

OWNER/CORPORATE INFORMATION

Corporate Owner Name:

Corporate Owner Address:

City:

State:

ZIP Code:

E-mail:

Phone:

Fax:

Type of Corporate Entity (Ex: Sub S Corp., C Corp)

Name and Corporate Title of person signing legal agreement:

Indicate the type of business (s) or description of business offerings: 5

- | | |
|--|---|
| <input type="checkbox"/> Beauty & Barber, Nail Shops <input type="checkbox"/> Fast Foods <input type="checkbox"/> Medical Facility (Eye, Dentist, Health, etc.) <input type="checkbox"/> Gas Stations/Convenience Store <input type="checkbox"/> Drug Store <input type="checkbox"/> Apartment Complex _____ <input type="checkbox"/> Department Stores/Branded Retail Outlets | <input type="checkbox"/> Grocery Stores/Supermarket <input type="checkbox"/> Dine-In Restaurants <input type="checkbox"/> Fitness Center/Recreation <input type="checkbox"/> Auto Dealership/Rental <input type="checkbox"/> Cellular Providers <input type="checkbox"/> Utility Providers (Entergy, Atmos , Water, Cable) <input type="checkbox"/> Others; Specify _____ |
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REFERENCES

Name

Address

Phone

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SIGNATURES

*The undersigned represents and warrants that all information and any attached documentation provided is **true and correct**. The undersigned authorize the University or its representative to investigate the information submitted including reference check.*

Please clearly print name of signee:

Signature of applicant:

DATE:

__Approve __Disapprove Signature of Approver _____

DATE: