



Georgetown One Card

***Merchant Application
Join Our Team***

Name of Business/TA

Business Address (Include City and Zip Code)

Business Phone

FAX Number

E-Mail

Name of Store Manager

Business Web Address

Corporate Owner Name

Corporate Owner Address (Include City and Zip Code)

Phone

Name and title of person signing agreement

Phone

Type or Description of Business

Alcohol sold on premises (yes/no)

Reimbursement address (where you want checks mailed)

Federal Tax ID #

Fax or Mail this application to:

Georgetown University
GOCARD Services
Darnall Hall G-3
3800 Reservoir Road, NW
Washington, DC 20057-1232
Attn: Business Manager
Tel 202-687-1967
Fax 202-687-2556