

GOCard Off-Campus Merchant Application

Name of Business / TA

Business Address (Include City and Zip Code)

Business Number

Fax Number

E-Mail

Name of Store Manager

Business Web Address

Corporate Owner Name and Address

Corporate Number

Fax Number

Web Address

Type or Description of Business

Alcohol sold on premises (yes/no)

Federal Tax ID #

Fax or mail this application to:
Georgetown University
GOCard Office
Darnall Hall G-3
37th and O Streets, NW
Washington, DC 20057-1232
P (202) 687-2700 F (202) 687-2556