



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*.

*Interested vendors are welcome to make application;
however, it does not guarantee acceptance into the program.
JSU reserves the right to approve or disapprove any application without explanation.*

Applications are accepted and reviewed between July- April. Applicants will be notified in writing within (30) business days from the date the application was received. Please return the required documents to the Office of Contractual Services, JSU Post Office Box 18079, Jackson, MS 39217 or you may hand-deliver to Jackson State University, Jacob L. Reddix Hall (*formerly--old student campus union*), 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:

- ☐ Beauty & Barber, Nail Shops
- ☐ Fast Foods
- ☐ Medical Facility (Eye, Dentist, Health, etc.)
- ☐ Gas Stations/Convenience Store
- ☐ Drug Store
- ☐ Apartment Complex _____
- ☐ Department Stores/Branded Retail Outlets

- ☐ Grocery Stores/Supermarket
- ☐ Dine-In Restaurants
- ☐ Fitness Center/Recreation
- ☐ Auto Dealership/Rental
- ☐ Cellular Providers
- ☐ Utility Providers (Entergy, Atmos , Water, Cable)
- ☐ Others; Specify _____

REFERENCES

Name

Address

Phone

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 signer:

Signature of applicant:

DATE:

__Approve __Disapprove Signature of Approver_____

DATE: