



UNIVERSITY

UL Lafayette
Cajun Card Office

(Check Payable to: Name and Address)

Number of Terminals requested at this Location: _____ Location has Static IP Address: Yes or No (circle one)

Owner/Corporate Information

(Owner Last Name)

(Owner First Name)

(Corporate Name)

(Corporate Address)

(City)

(State)

(Zip Code)

(Corporate Phone Nbr.)

(Corporate Fax)

(Federal Tax ID#)

(State Where Business is incorporated)

(Type of Corporate Entity)

(Corporate Primary Contact)

(Corp Primary Tel)

(Corporate Primary E-mail Address)

(Corporate Secondary Contact)

(Corp. Secondary Tel)

(Corporate Secondary E-mail Address)

Authorized Name and Title of Person Signing Agreement

(Printed Name)

(Printed Title)

(Authorized Signature)