Business/Store Information

(Business Name)

(Business Address)

(City)    (State)     (Zip Code)

(Business Phone Number)     (Business Fax Number)

(Business Description)

(Business Primary Contact)    (Primary Contact E-mail Address)

(Business Secondary Contact)   (Secondary Contact E-mail Address)

(Business Website)

Alcohol Sales: □ Yes □ No         Number of Years in Business:_____ At Present Location_____
Reimbursement Information

AUTHORIZATION FOR DIRECT DEPOSIT/WITHDRAWAL

I authorize Delta State University to initiate both deposit entries to my checking account for reimbursement of Okra Green Anywhere purchases. The authority will remain in effect until I notify Delta State University, in writing, to cancel this authorization.

(Name of Financial Institution)    (Branch Address)

(City)    (State)     (Zip Code)

(Name on Bank Account)

(Type of Account)   (Account Number)   (Routing Number)

Select Preferred Frequency of Settlement: _____Weekly _____Bimonthly_____Monthly

E-mail Addresses for Receipt of Daily Sales Reports: ___________________________

I acknowledge responsibility for telephone lines and monthly rental of Lyric readers necessary to transact business via the Okra Kard. Initial

Authorized Name and Title of Person Signing Agreement

(Printed Name)     (Printed Title)

(Signature)

Advertising Information

The University reserves the right to use the information provided below in its advertising and promotional materials.

(Business Name)

(Business Address)

(Telephone Number)    (Website Address)

Check All That Apply

☐ Hamburger/American ☐ Coffee Shop ☐ Convenience/Gasoline ☐ Fast Food ☐ Pizza/Pasta
☐ Ice Cream/Desserts ☐ Bookstore ☐ Full Service Grocery ☐ Ethnic Foods ☐ Health/Beauty
☐ Pick Up/Delivery Only ☐ Media/Computers ☐ Clothing/Apparel ☐ Deli ☐ Pharmacy
☐ Other____________________________