SCAD Card Services Vendor Information Sheet



MAIL TO: P.O. Box 3146, Savannah, Georgia 3140	21
FAX: 912.525.4012	
EMAIL: scadcard@scad.edu	
Niene of levels	
Name of business:	
Owner of business:	
Additional contact information:	
Type of business:	
Address of business:	
Phone number:	Fax number:
Email address:	
Website:	
Discount offered to SCAD affiliates: O yes O	no If yes, describe:
Type of machine:	Machine provided by: O Merchant O College
Connection method: O dial-up O IP	
Please include the following with this informatio	n sheet:
• W-9	
Copy of voided check	
Direct deposit authorization form	
• Logo of business	
OFFICE USE ONLY	
Serial number of machine:	Commission:
Vendor number:	Loop:
Address:	

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