



This form is used for both EBT and WIC

Date: \_\_\_\_\_

### RETAILER INFORMATION FORM

Please complete the below required information to the best of your ability. Include as much information as possible to help speed up the application process. You may return the complete document by fax or email. Once received, an agent will contact you within 24 to 48 hours to complete the process.

Tele: **800-642-9632** Fax: **800-642-9634** email: [retailer@ebtclientservices.com](mailto:retailer@ebtclientservices.com)

#### Business Information

Type of Ownership:	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship
Federal Tax ID:	Type of Business:	Applying for: EBT __ WIC __		
Legal Business Name:				
Doing Business As (DBA):				
Business Address:				
Phone Number:	Fax:	Email:		
Date Business Open: _____ Total Gross Sales for last year: \$ _____ Estimated Gross Sales for this year: \$ _____				
Business Hours: Monday-Friday: _____ to _____ Saturday: _____ to _____ Sunday: _____ to _____				

#### Retailer Personal(s) Information

Name:		Title:		
Date of Birth:	SSN:	Phone:		
Home Address:				
City:	State:	ZIP Code:		
Driver's License:	State:		Expiration Date:	

If applying for EBT/SNAP the USDA /FNS has up to 45 days to approved or deny your application. If applying for WIC, some states require up to six months to approve or deny your application. You will be notify by email of your state waiting period. Most communication for these services are done by email. All services are administered by the USDA

#### Spouse Name (If name listed on the business)

Date of Birth:	SSN:	Phone:		
Driver's License	State:	Expiration Date:		

#### Partner / Co-Owner's Name:

Date of Birth:	SSN:	Phone:		
Home Address:				
City:	State:	ZIP Code:		
Driver's License:	State:	Issued:	Expire:	

#### EBT / SNAP / WIC

I am applying:  EBT Cash  Cash and Food Benefits  Switch Processing  WIC

How many cash registers do your store have? \_\_\_\_ Do you have scanning devices attached: \_\_Y N\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: \_\_\_\_\_