

EBT 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: **408-683-9793** email: retailer@ebtclientservices.com

Business Information

Type of Ownership: Corporation LLC Partnership Sole Proprietorship

FTID: _____ | EBT/FNS #: _____ **Non:** _____ Type of Business: _____ Store #: _____

Legal Business Name: _____

Doing Business As (DBA): _____

Business Address: _____

Phone Number: _____ Fax: _____ Email: _____

Date Business Opened or Will Be Opened: _____

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: _____

Due to new regulations enforced by the USDA /FNS. If your business is in a Community Property State (AZ, CA, ID, LA, NV, NM, TX, WA, WI) you must include the below information regarding your spouse.

Owner's Spouse's Name: _____

Date of Birth: _____ SSN: _____

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

I am applying: Cash Only Cash and Food Benefits Switch Processing New Application

Printed Name: _____

Signature: _____ Date: _____

Note: _____