



Request to Join the Villanova Wildcard Merchant Program

Please provide the following information in order to accept the Villanova Nova Bucks:

This information will be used on the Villanova University Wildcard Merchant Agreement

Date: _____

Name of Business: _____

Business Location Phone# _____

Business Address: _____

Corporation d/b/a: _____

Business Owner: _____

Title: _____

Contact Person: _____

Email Address: _____

Contact Phone Number: _____

Name and Title of Person expected to sign Agreement:

Name: _____

Title: _____

Please mail or e-mail your
request to:

Villanova University

Wildcard Office, Dougherty Hall

800 Lancaster Avenue Villanova,

PA 19085-1699

Attn: Josh Palmerio

joshua.palmerio@villanova.edu