

## Office of EBT Banking Services/Client Accounts

## **Application for Farmers Equipment**

Name:				Date:		
	Last	First		Middle		
Address:						
Address:						
	City		State	Zip Code	County	
Phone:				Email:		
FNS Mer	chant Number	(If Applicable): _				
an FNS r	nerchant or if y		become a cer		d farmers. If you are already nt to accept SNAP benefits,	
PI	EASE INITIAL TH	E BOX NEXT TO THE	STATEMENT T	HAT BEST DESCRIBES	YOUR CURRENT NEED.	
	I am a Certified FNS Merchant and in need of POS equipment. I would like guidance with obtaining wired POS equipment.					
	I am NOT a Certified FNS Merchant; however, I'm interested in becoming a Certified FNS Merchant and would like guidance with receiving my certification. I would also like to apply for the available POS equipment at this time, pending certification.					
	I am a newly Certified FNS Merchant, but I have not yet obtained the necessary POS equipment needed to process my SNAP transactions. I meet all the requirements listed above and I woul like to apply for free wired POS equipment					
By si	gning below, I ce	rtify that all provide	ed information	is true and correct to i	the best of my knowledge.	

"USDA is an equal opportunity provider, employer, and lender."

Please send all completed and signed applications by email to <u>toni.n.zornes@wv.gov</u> or by mail to **One Davis Square, Suite 402, Charleston, WV 25301**.