

## Office of EBT Banking Services/Client Accounts

## **Application for Farmers Equipment**

Name:				Date:			
	Last	First		Middle			
Address:							
Address.							
ridaress.	City		State	Zip Code	County		
Phone:		Email:					
FNS Mer	chant Number (1	If Applicable): _					
an FNS n please sel	nerchant or if yo ect one of the foll	u would like to owing options be	become a cer elow.	tified FNS Merchan	I farmers. If you are not to accept SNAP b		
PL	EASE INITIAL THE	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 would like to apply for free wired POS equipment						
By sig	gning below, I certi	ify that all provided	d information i	is true and correct to	the best of my knowled	ge.	
Signature:					Date:		

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