



Merchant Service Submission Form

(Sales Rep to Fill Out)

Company Name: _____

DBA (if applicable): _____

Contact Name: _____ Title: _____

Best Time to Contact: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Main Phone Number: _____ Fax Number: _____

Current Merchant Service Provider: _____

Customer's Email: _____

Special instructions: _____

Anything Customer is unhappy with: _____

Independent Representative Information

Name _____ Rep ID# _____

Phone _____ Email: _____

Rep has a personal relationship and would like to be on call for savings analysis: _____