



Merchant REFERRAL FORM

Business Name _____

Contact Name _____

Phone Number (good one that they will answer)

Address

E-mail Address _____

Type of Business _____

Currently Accepting Credit Cards Yes No

If yes what type of equipment _____

Comments _____

Branch Name _____

Banker Contact Name/Number _____

Please fax completed form to 402-991-4676

Or Email it to Latasha.allen@firstdata.com - THANK YOU!
