

## New Merchant Referral Form

Business Legal Name \_\_\_\_\_  
Business Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Primary Phone Number \_\_\_\_\_  
Secondary Phone Number \_\_\_\_\_  
Email \_\_\_\_\_  
Website \_\_\_\_\_  
  
Best Time To Call \_\_\_\_\_  
  
Is Merchant Currently  
Accepting Credit Cards    **Yes** \_\_\_\_\_    **No** \_\_\_\_\_  
  
If yes, who is their processor \_\_\_\_\_

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**Representative Information Below**

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RIN \_\_\_\_\_  
Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email \_\_\_\_\_

Notes: