



Send this form with your last month's credit card processing statement:



FAX  
1-800-704-9416



EMAIL  
merchant@psfs.com



Mail  
Professional Solutions  
Financial Services  
14001 University Avenue  
Clive, Iowa 50325-8258

CREDIT CARD PROCESSING

# CHALLENGE FORM

## YES! I want to take the Challenge

- YES, my most recent credit card processing statement is attached.**  
Send my no-obligation savings comparison and a quote. If you can't meet or beat my existing program, send me a \$100 gift card.
- I don't accept credit cards. **Send me a quote.**
- YES, I'm interested in a no-cost credit card terminal**  
to use as long as I process through Professional Solutions.

**Please complete:** Number of pages including this cover page: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Office Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

Your email address will never be sold. It will be used to send you important notices.



Questions?  
**Call 1-800-960-9002, ext. 5700**