

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			
	<b>My most recent credit card processing statement is attached.</b> 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.		
	l don't accept credit cards. Send me a quote.		
	<b>I'm interested in a no-cost credit card terminal</b> 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.



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