

Referral Valutec Gift Card



Vrs. IS062806

1 MERCHANT INFORMATION

Company Name		Number of locations
Mailing Address		
City	State	Zip Code
()		
Contact Name	Phone#/extension	
Contact Email (PLEASE PRINT CLEARLY)		

3 COMMENTS

2 RESELLER DATA

Reseller Company Name	ID
Sales Rep Name	ID
()	
Sales Rep Phone	Ext
Sales Rep Email Address	

4 REFERRAL DETAILS

1. Has merchant already agreed to a credit card processing contract?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided
• If yes, what equipment will be used?
<input type="checkbox"/> New purchase <input type="checkbox"/> Existing equip.
• Terminal Make & Model

FAX TO: 615-786-0079
EMAIL TO: sales@valutec.net

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