

Professional Merchants, Inc.

CLIENT INFORMATION SHEET

 YES, please send the application, we want the fee reduction!

(requested by - signature)

Date / /

(requested by - printed)

Please fax back to 972.691.5612

**Vision Source
Office #**

Business Name: _____

Address : _____

City : _____

State : _____ ZIP: _____

Contact(s) Name: _____

Phone #: _____ Fax#: _____

Email Address

(please use the biggest letters that will fit in the line)

Current Processor: _____

Current Terminal brand : (Hypercom, Verifone, etc.) _____

Model #: _____ connected to phone line or I/P ?

Age of Equip: _____ Yrs/Mths

Do you OWN / RENT / LEASE If Lease, term length remaining? _____

Do you have Digital phone lines - Yes / No

Do you have an external Pin Pad - Yes / No

Do you have more than one terminal Yes / No If yes, Brand/Model _____

Do you accept AMERICAN EXPRESS? Yes / No DISCOVER? Yes / No

Do you have a Check Auth/Guarantee service ? YES / NO

Do you have a Check Reader ? YES / NO

Do you have a Gift/Loyalty card service ? YES / NO

If no, are you interested in one YES / NO

Do you have any contract term left over with your current processor? Yes / No

If yes, how long? _____ This is important to know!

Equipment Purchase Approval: (if needed)

<u>Qty</u>	<u>Product</u>	<u>Price</u>	<u>Apprv'd by</u>
	EMV/NFC unit with thermal print	\$149.00	x _____
	(plus tax & shpg)		
	External Pin pad for above device	\$119.00	x _____
	(plus tax & shpg)		

****NOTES/COMMENTS/QUESTIONS** _____