

# CREDIT CARD SYSTEMS SERVICES

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## NEW MERCHANT – REFERAL FORM

MERCHANT BUSINESS NAME:

\_\_\_\_\_

OWNER / CONTACT / NAME : \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TEL: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WEB PAGE: \_\_\_\_\_

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MERCHANT REFERAL BY:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TEL: \_\_\_\_\_ CELL: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WEB PAGE: \_\_\_\_\_

SS# \_\_\_\_\_ TAX ID # \_\_\_\_\_

PLEASE FAX TO: 509-463-8926 OR EMAIL TO: [CCSSUSA@MSN.COM](mailto:CCSSUSA@MSN.COM)

X \_\_\_\_\_

signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_