



Savings Comparison Profile Form

To receive your FREE, No Obligation Savings Comparison, Complete (the section below) and FAX ALONG WITH A RECENT COPY OF YOUR MERCANT ACCOUNT STATEMENT to 800-480-6694 (FAX)

First Name: _____ Last Name: _____

Company Name: _____ ASI #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____

Years in business: _____ Corporation LLC Sole Proprietor

Do you currently accept VISA and MasterCard? Yes No

If Yes:

Please estimate your average monthly VISA and MasterCard volume \$ _____

Do you currently accept AMEX? Yes No

Do you currently accept Discover? Yes No

Do you have any retail/store front traffic? Yes No

If Yes:

Please estimate % of total dollar volume: Swiped _____% Keyed _____%

How do you submit credit-card transaction info to your current processor?

Credit Card machine (Make and Model): _____

Computer with Software (Name of Software): _____

Internet/Gateway (Name of Provider): _____

Telephone

Yes, I want to start saving. Please contact me.

Please fax to 800-480-6694 and Remember to include a full copy of your current merchant statement necessary for your savings comparison (You should receive your savings comparison via fax 24-72 hours from the time you submit)

Questions? Call Access Group at 800-809-0719