



## 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 MERCHANT 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**