

CREDIT CARD PROCESSING CHALLENGE FORM

Send this form with your last month's credit card processing statement:



SCAN & EMAIL to challenge@psfs.com



FAX it to 1-800-704-9416



MAIL to Professional Solutions Challenge
14001 University Avenue
Clive, Iowa 50325-8258



YES ... I want to take the Challenge!

I'm including last month's statement for our business' current credit card processing program. Please send me the results of your comparison, including a quote. **If you can't meet or beat our existing program, please send me a \$100 gift card to use anywhere major credit cards are accepted.**

I don't currently accept credit cards. **Please send me a quote immediately.**

I currently utilize an EHR software.

Please provide name of software: _____

Please complete: Number of pages including this cover page: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Business: _____

Contact Name: _____

Office Phone: _____

Fax Number: _____

Email Address: _____

Your email address will never be sold. It will be used to send you important notices.

Referred By: _____ Phone: _____

Questions? Call 1-800-839-1629, extension 5969