



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



Fax
800-704-9416



Email
merchant@psfs.com



Mail
Professional Solutions Financial Services
14001 University Avenue
Clive, Iowa 50325-8258

CREDIT CARD PROCESSING **CHALLENGE FORM**

YES! I want to take the Challenge

- My most recent credit card processing statement is attached.**
Send my no-obligation savings comparison and a quote. If you can't meet or beat my existing program's pricing, send me a \$100 gift card.
- I don't accept credit cards. **Send me a quote.**
- I'm interested in a no-cost credit card terminal**
to use as long as I process through Professional Solutions.

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

Your Name: _____

Address: _____

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.



Questions?
Call 800-960-9002, ext. 5004