

# CREDIT CARD PROCESSING CHALLENGE FORM

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



**SCAN & EMAIL** to [challenge@psfs.com](mailto: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 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.**

**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.

Questions? Call 1-800-960-9002, extension 5212