

GETTING STARTED IS VERY EASY

1. Just complete your company profile below and submit to Mustang Merchant Systems.
2. We will prepare and send a SAVINGS PLAN to include pricing and other possible cost reducing recommendations.
3. With your approval, you will be sent the necessary application(s).
4. Once entered into our system and credit approved, you will be notified of the merchant numbers and set up procedure.

IT'S JUST THAT SIMPLE

REQUEST FOR QUOTATION

I WANT TO REDUCE CARD PROCESSING EXPENSE AND RECEIVE INDUSTRY UPDATES THROUGH "THE MUSTANG ADVISOR"

Date _____

Business name _____

Contact person _____

HOW DO YOU PREFER TO BE CONTACTED?

Phone _____ FAX _____

Email _____

Business type: _____ Be specific – retail, restaurant, business to business, mail/phone order, wholesale, internet, lodging/car rental, transportation, government, petroleum, supermarket, other please specify.

Product or service provided. _____

How long has this company been in business? _____

Do you currently accept credit cards? YES NO

What percent of the time is the credit card keyed (card not present)? _____%

Cards accepted in addition to Visa/MasterCard? Discover, Diners, American Express, JCB.

Do you use a pin pad when accepting debit cards? YES NO

How many pin pads do you have at each location? _____

Your annual dollar volume for Visa/MasterCard? \$ _____

Average (typical) dollar sale on Visa/MasterCard? \$ _____

How many locations using the same tax ID# (EIN#)? _____

How many registers at each location? _____

Is a deposit required? YES NO What percent? _____%

How long for delivery after deposit is accepted? _____ days

How many manual imprinters do you have at each location? _____

Do you sell age restricted products? YES NO Tobacco Alcohol Firearms

Best time to contact you: AM PM Time Zone: E C M P HI AK

Present terminals: Type and quantity at each location? _____

Wireless terminals: Type and quantity at each location? _____

My current equipment is: Leased Owned Rented

Connectivity: DIAL UP DIAL UP (no internet) DSL ISDN T1 other specify _____

Software: Name _____ Version _____

Check service: TeleCheck Other (please specify) _____

Gift card program: YES NO who is provider? _____

What is your greatest concern about credit card processing at this time?

IMPORTANT: If you are currently processing credit cards, along with the above, please send your two most recent Visa/MasterCard statements.

FAX THIS FORM AND STATEMENTS TO 412-833-7470

OR EMAIL: BSNYDER@MUSTANGMERCHANTSYSTEMS.COM

Following the receipt of ALL of the information requested, you will be sent our **SAVINGS PLAN**.