



NACM CREDIT CARD ACCEPTANCE PROGRAM

NACM Member Information for Free Cost Analysis/Processing Review

Company Name:	_____
Business Address:	_____
City, Zip Code:	_____
Contact Name:	_____
Phone:	_____
Business email:	_____
Transaction Capture Method(s):	
___ Terminal (Brand & Model)	_____
___ POS Software System	_____
___ Virtual Terminal	_____
___ E-Commerce Solution	_____
Number of merchant accounts/locations?	_____
Are you considering surcharging?	YES NO
Are the majority of your transactions?	Card Not Present Swiped
Are any transactions tax-exempt?	YES _____% (apprx) NO

EMAIL OR FAX STATEMENTS

**** Please email or fax this page along with copies of two months statements from your current processor. Include a recent month and a high/peak volume month from each merchant account that you currently have. Email to matt.fluegge@vantiv.com or fax to (888) 750-6361 ****