



MERCHANT REFERRAL FORM

Please complete the information below and submit by e-mail to merchantemail@shazam.net, or by fax to SHAZAM Merchant Services at (515) 558-7612. SHAZAM will contact your referral within two business days.

If you have any questions regarding your referrals, please call SHAZAM Merchant Services at (800) 537-5427 ext. 2906.

Referral Financial Institution Information:

Date Submitted: _____ Routing #: _____

Financial Institution Name: _____ Phone: _____

Contact Name: _____ Fax: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____

Merchant Referral Information:

Business Name: _____

Contact Name: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____ Phone: _____

Alternate Phone: _____ Fax: _____

Web Address: _____ Current FI Customer: Yes No

Business Description: _____ Products/Services Sold: _____
(i.e. Retail, Restaurant, Home Based, Mail Order, Touchtone, E-Commerce, Virtual Terminal, Wireless, Service, Lodging, Other. High Risk¹ merchants will not be accepted. See list below.)

Currently accepting credit cards: Yes No If Yes, Current Processor: _____

Estimated Monthly MasterCard/Visa Volume: \$ _____ Estimated Average Ticket: \$ _____

Best time to call referral (CST/CDT): AM PM

Please list anything else you feel we should know: _____

¹High Risk Merchant Categories

Direct Marketing—Travel-Related Arrangement Services
Direct Marketing—Outbound Telemarketing Merchants
Direct Marketing—Inbound Telemarketing Merchants
Betting—including Lottery Tickets, Casino Gaming Chips, Off-Track Betting, and Wagers at Race Tracks

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