



# Merchant Credit Card Processing Referral Form

Fax: 1-866-903-1046 Attn: Pamela Tafel  
or email ptafel@cocard.net

Date: \_\_\_\_\_

Legal Name of Business: \_\_\_\_\_

Doing Business as (DBA): \_\_\_\_\_

Physical Business Address: \_\_\_\_\_

Business Type:

Retail  Restaurant  Hotel  Service Station  Pay @ the Pump  MOTO  E Commerce (website)

Mailing Address (if different than above): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Signer: \_\_\_\_\_ Title: \_\_\_\_\_

Office contact if different from above: \_\_\_\_\_

Signer's Home Address: \_\_\_\_\_

Signer's Home Phone: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_

Business Structure:  Corporation  LLC  Sole Proprietor  Partnership

Type of Business: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Terminal: \_\_\_\_\_

POS Software: \_\_\_\_\_

American Express Merchant Number: \_\_\_\_\_

Discover Merchant Number: \_\_\_\_\_

Average Ticket: \$ \_\_\_\_\_

Monthly Credit Card Volume: \$ \_\_\_\_\_

Referral By: \_\_\_\_\_ Branch \_\_\_\_\_ Telephone: \_\_\_\_\_