

Merchant Services Referral Form

Follow these steps

- 1. Complete this form. You may also attach a business card with your contact information.
- 2. Email completed form to asbreferrals@cardconnect.com.
- 3. For assistance, please call (808) 626-5600.

Important: This referral form provides general information only and is not a contract for service.

Business Phone Number Mobile Phone Number Email Address Preferred Method of Contact: Phone Email Best Time to Contact: AM PM COMMENTS (List any additional important information and notes here) BANK USE ONLY Employee Name	CUSTOMER INFORMA	TION			
Business Phone Number Mobile Phone Number Email Address Preferred Method of Contact: Phone Email Best Time to Contact: AM PM COMMENTS (List any additional important information and notes here) BANK USE ONLY Branch Employee Name			Name of Business		
Preferred Method of Contact: Phone Email Best Time to Contact: AM PM COMMENTS (List any additional important information and notes here) BANK USE ONLY Employee Name					
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