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.

CUSTOMER INFORMATION	
Business Contact Name	Name of Business

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
Date	Employee Number