

Attention: _____ From: _____

Fax #: _____ Branch Location: _____ Phone #: _____

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If you receive this transmission in error, please notify us immediately by telephone to arrange for the return of the documents.

Company Name: _____ Number of Locations: _____

Contact Name: _____ Contact Title: _____

Street Address: _____ City, State, Zip: _____

Phone Number: _____ Best Time to Call: _____

Current Credit Card Processor: _____

Comments: _____

Bank / Employee Information:

Employee Name: _____ Branch: _____

Street Address: _____ City, State, Zip: _____

Phone Number: _____ Fax Number: _____

Best Time to Call: _____ Wants to Attend Call: Yes No

New Customer Existing Customer

I authorize Reading Co-operative Bank to provide the information outlined above to TransFirst for the purpose of analyzing and proposing card transaction processing solutions. It is my understanding that this information will not be disclosed to any other business entity and will be used solely by Reading Co-operative Bank and TransFirst for the benefit of my company.

Signature: _____ Date: _____

Did you hear about TransFirst Services from:

Bank Representative TransFirst Representataive Colleague Direct Mail Other

Explain: _____