



TermNet Merchant Referral Form

Date: _____

Please FAX this form to: 540.946.3212 ATTN: Business Services

Are you presently a DCCU member? Yes _____ No _____

Business Name: _____

Street Address: _____

City _____ **State** _____ **Zip** _____

Contact Name: _____ **Phone:** _____

Type of Business: _____

Do you presently accept Credit Cards? Yes _____ No _____

Do you presently use a Check Protection Program? Yes _____ No _____

Best time to call in reference to merchant services: _____

Comments: _____

To be completed by Representative

Contacted:	
Date: _____	Time: _____
Comments: _____	

DCCU USE ONLY	Teller _____
Member _____	Date Faxed _____ Date to Scan _____