



# Enroll in the NACS Card Processing Program and get treated like the big dogs.

## Custom Solutions for NACS Card Processing Program

### Approved Credit Cards:

|                   |                 |
|-------------------|-----------------|
| Visa®             | EBT             |
| MasterCard®       | Fleet One*      |
| Discover®         | Wright Express* |
| American Express® | Voyager*        |
| Debit             |                 |

**Rate: \$0.039 per transaction plus Interchange**  
**One exceptional rate for Credit, Debit and Fleet**

\* Must be certified by POS provider

### Special Offers:

Set up Fee Waived  
Monthly Fee Waived  
Client Line (on-line reporting) Fee Waived

### Other Products Accepted:

TeleCheck®  
Gift Card Program  
Debit Card Processing  
Online Reporting  
Private Label Gift Cards

### Benefit from our relationship with First Data!

The agreement we negotiated is only available to our members, and offers numerous benefits including:

- a money-saving price structure for all credit and debit card transactions
- easy implementation and training
- one convenient statement, incorporating all card transactions
- industry-leading security and reliability

### Other Program Components:

Rate guaranteed for 3 years  
Competitive Pricing Available on POS Equipment  
Toll-free customer service support available 24/7

GIFT CARD PROGRAMS AVAILABLE!

### Next Steps:

- Complete the enclosed questionnaire and return to Don Porter via fax at (402) 315-5194
- If you have additional questions please call Don Porter at FirstData (918) 641-4101 or Doug Spencer at NACS (703) 518-4293





# Card Processing Program Information Form

1. What name is the business operating under? \_\_\_\_\_
2. Is this business listed under any other names? (legal name) \_\_\_\_\_
3. What is the business phone number? \_\_\_\_\_
4. What is the business address? \_\_\_\_\_
5. Is there an email address to contact you? \_\_\_\_\_
6. What is the federal tax ID number (do not list a social security number)? \_\_\_\_\_
7. What month and year did the business start? \_\_\_\_\_
8. How many employees does the business have? \_\_\_\_\_
9. Business Type – (select one)  
 sole ownership    partnership    non-profit    public corporation    private corporation
10. Location Type – (select one)  
 mall    shopping area    isolated    office    other
11. Square footage of your business – (select one)  
 0 - 250    251 - 500    501 - 2000    2001 - plus
12. If you will be using your own equipment, please provide the name of the machine:  
  
POS (inside) \_\_\_\_\_ Pinpad? model \_\_\_\_\_
13. What is the owner/signer's first and last name? \_\_\_\_\_
14. What is the signer's title? \_\_\_\_\_
15. What type of cards are you interested in? – (check all that apply)  
 American Express    Discover    Voyager    Debit    Wright Express

**Fax or email this completed form to Don Porter at (402) 315-5194 or [don.porter@firstdata.com](mailto:don.porter@firstdata.com) to enroll in this program.**