

Return via fax to 310-772-0276 or via email to info@keystonepayments.com

Name of Business

Type of Product or Service

Contact Name

Title

Day time Phone

Mobile Phone

Business Street Address (or home address if home based business)

City, State Zip Code

Email Address

Business Fax

How soon would you like to setup your account?

Does your business currently accept credit cards? Yes No

If Yes, what is the name of the processor?

What is your current (or anticipated) average credit card sale (in \$)

What is your current (or anticipated) Monthly average Visa/MasterCard Volume (in \$)

Current Discount Rate

Current Transaction fee (in \$)