



WesBanco Referral Form

Please complete and return via fax or email to:

DAVID SEE

Office: 937.397.0928 Fax: 865.403.5690

Cell: 937.723.6697

E-mail: david.see@elavon.com

OHIO REGION

Elavon – Rely on the Industry’s #1 Network for Reliability & Availability

MERCHANT’S BUSINESS INFORMATION

Name of Business: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact Person: _____ Email Address: _____

Phone: _____ Fax: _____

Retail Storefront Mail Order/Phone Order Internet Home Based Restaurant Lodging

Does merchant currently accept credit cards: Yes No

Why is merchant seeking a (new) merchant processing solution? _____

Merchant is: Prospective Bank Client Current Bank Client New Bank Client? Yes No

MERCHANT IS INTERESTED IN:

Credit/Debit Electronic Check Service Electronic Gift Cards Dynamic Currency Conversion

Customer’s Processing Equipment: Owns Rents Leases Not Applicable

Equipment Type/Model: Terminal: _____ Software: _____ Not Applicable

Current merchant statement attached? Yes No Current Credit Card Processor: _____

Average Ticket: _____ Approximate Annual Visa/MC Volume: _____

BANK INFORMATION

DATE: _____ Referred By: _____ Branch: _____ Employee ID _____

Telephone: _____ Email Address: _____

Comments: _____

Client Group/Entity
9/41901