

Merchant Services Lead Sheet

Wright Express



Date: Take Over Date:

Contact Name:

Company Name:

Site Name:

Site Address:

.....

Postal Address:

.....

Phone Number: Fax Number:

Fuel Non-Fuel

Merchant Type: Motorpass Motorcharge

Motorcharge Terminal Required: YES NO

If yes, is eftpos required? YES NO

Application to be: FAXED POSTED EXP POSTED

Establishment Fee: \$.....

Merchant Service Operator:

Lead Source: <i>(Please Circle)</i>	Advertising	Existing Merchant
	Capricorn	Internet
	Change of Owner	Merchant Statement
	C-Store Expo	New Merchant
	Direct Mail	Referral

Comments:

