

CREDIT CARD SYSTEMS SERVICES

T-866-364-2233 F-509-463-8926 CCSSUSA@MSN.COM

NEW AGENT INFORMATION REQUEST LIST

<http://www.ccssusa.com/>

AGENT NAME: _____

AGENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

DATE OF BIRTH ____ / ____ / ____ SSN _____

DRIVER LIC # _____ EXP _____

HOME TEL _____ CELL _____

WEB PAGE: _____

EMAIL: _____

COMMENT:

PLEASE SEND BY FAX OR EMAIL

1-DRIVER LICENSE COPY

2-VOID CHECK

3-SSN COPY