



## PARTNERSHIP PROGRAM

Please complete the following information so that our Relationship Managers can better assist you.

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

**Facsimile:** 1 (800) 801-5519

**E-Mail:** [ssc@unitedpaymentservices.com](mailto:ssc@unitedpaymentservices.com)