

Credit Card Statement Analysis

Cover Sheet

Please submit this cover sheet with your two most recent Visa/MasterCard Statements. Please include all pages. It is not necessary to submit your Discover or American Express Statements, they would continue as they are now.

Today's Date _____

Contact Person _____

Salon Name _____

Phone Number _____

Fax Number _____

E Mail Address _____

Name & Model # of your Terminal _____

Do you have a Tip Line on your receipt? _____

Are you using a Pin Pad? _____

Please call and leave a message toll free at: 866-988-4882 after you have faxed, e mailed or mailed it so we know to watch for it.

E Mail To: salon@integritypaymentsystems.com

Fax To: 847-789-8874

**Mail To: Integrity Payment Systems
Attn: Salon Processing
1700 W. Higgins Road
Suite 690
Des Plaines, IL 60018**