

# ARA Merchant Services “Pass It On” Referral Form



When completed, please fax this form to: **866-847-5457**. Please e-mail [aramerchantservices@veracitypayments.com](mailto:aramerchantservices@veracitypayments.com) for assistance with this form or any other questions you may have.

**Important:** This referral form provides general information only and it is not a contract for service.

SECTION 1: MEMBER CONTACT INFORMATION – Please fill out completely		
Name	Company Name	
E-mail Address	Phone Number	Date Referral Sent to ARA

SECTION 2: REFERRAL INFORMATION			
Business Contact Name (required)		Name of Business (required)	
Business Street Address (optional)			
City (required)		State (required)	ZIP Code (optional)
Business Phone Number (required)	Business Fax Number (optional)	Contact E-mail Address (optional)	
Best time to contact customer : _____ AM _____ PM			

American Rental Association  
 1900 19th St, Moline, IL 61265  
 800-334-2177 or 309-764-2475  
[www.ARArental.org](http://www.ARArental.org)