

## Merchant Referral Form

FULL NAME OF OFFENDER \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

CURRENT PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_ DOB \_\_\_\_\_

ADDITIONAL INFO \_\_\_\_\_

<b>CAN ACCEPTOR ID CHECK WRITER THROUGH PHOTO LINE UP OR IN PERSON? (PLEASE CHECK YES OR NO)</b>		<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>
(ATTACH ALL CHECKS TO THIS FORM)			
NAME OF CHECK ACCEPTOR  PHONE NUMBER  ADDRESS   DOB	NAME OF ADDITIONAL WITNESS  PHONE NUMBER  ADDRESS   DOB		
<b>DO YOU HAVE VIDEO RECORDING CUSTOMER?</b> <input type="checkbox"/> YES (if available, please make still images and attach to form) <input type="checkbox"/> NO	<b>SUSPECT COMPARED WITH DRIVERS LICENSE OR ID?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>COMMENTS:</b>			

MERCHANT/BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PERSON FILING COMPLAINT \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ FAX \_\_\_\_\_

<b>SHOULD RESTITUTION CHECK BE MADE OUT TO "MERCHANT/BUSINESS NAME" LISTED ABOVE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, TO WHOM) _____
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**By submitting this check(s) for prosecution, I agree NOT to accept restitution from the suspect or his/her representative. I certify that this report is true, accurate and complete to the best of my knowledge.**

\_\_\_\_\_  
 Date Signature