



Vendor Visa Acceptance Form

Business Name: _____

Contact Name: _____

Title: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Cell: _____

Email address: _____

I am interested in having the Commerce Bank Enrollment Team contact me in regards to being accepted into the automated payment program of ProcessMe.

Email this form to Accountspayable@mydelraybeach.com or fax to 561/243-7166

Delray Beach Official Use Only

Delray Beach Credit Card #: _____

Delray Beach Vendor ID #: _____

Date Received: _____

Annual Spend: _____

Bank Official Use Only

Authorized by: _____

Date: _____