

CHANGE REQUEST FORM

MERCHANT ACCOUNT INFORMATION	
DATE:	MERCHANT ID NUMBER:
ACCOUNT OWNER'S NAME:	
BUSINESS NAME (DBA):	
CURRENT LEGAL NAME: <small>(FOR LEGAL NAME CHANGES, A NEW MERCHANT APPLICATION WILL BE REQUIRED. PLEASE CONTACT YOU SALES AGENT OR CLIENT SERVICES.)</small>	
DBA CHANGES REQUESTED	
CHANGE REQUESTED	ADDITIONAL DOCUMENTATION REQUIRED
<input type="checkbox"/> DBA NAME:	BUSINESS CERTIFICATE <i>OR</i> PRE-PRINTED VOIDED CHECK
<input type="checkbox"/> LEGAL ADDRESS:	
<input type="checkbox"/> DBA ADDRESS:	BUSINESS CERTIFICATE <i>OR</i> PRE-PRINTED VOIDED CHECK <i>OR</i> COPY OF VALID UTILITY BILL <i>OR</i> COPY OF BUSINESS LOCATION LEASE
<input type="checkbox"/> EMAIL ADDRESS:	
<input type="checkbox"/> DBA PHONE NUMBER:	
<input type="checkbox"/> DBA FAX NUMBER:	
<input type="checkbox"/> WEBSITE ADDRESS:	
PRICING AND CARD TYPE CHANGES REQUESTED	
<input type="checkbox"/> AMEX OPT BLUE <input type="checkbox"/> INTERCHANGE <input type="checkbox"/> TIERED	RATE:
<input type="checkbox"/> AMEX DIRECT SE#	
<input type="checkbox"/> ADD DISCOVER	
<input type="checkbox"/> PIN DEBIT DISCOUNT	RATE:
<input type="checkbox"/> EBT FNS#	TRANSACTION FEE:
<input type="checkbox"/> ADD CASH BENEFITS	
<input type="checkbox"/> ADD MY MERCHANT BENEFITS	RATE:
<input type="checkbox"/> VISA/MASTERCARD/DISCOVER DISCOUNT	NEW RATE:
<input type="checkbox"/> CHECK CARD DISCOUNT	RATE:
<input type="checkbox"/> OTHER:	RATE:
<input type="checkbox"/> OTHER:	RATE:
NOTES	
MERCHANT SIGNATURE	
MERCHANT SIGNATURE: _____	DATE: _____
<small>***SIGNATURE IS REQUIRED FOR ALL CHANGES ON FORM***</small>	

PLEASE RETURN CHANGE REQUEST FORM TO:

BY FAX: 888.209.4888

BY EMAIL: CUSTOMERSERVICE@PPS.IO

BY MAIL: MERCHANT SERVICES, PO BOX 246, ALPHARETTA, GA 30009-0246

REV. MX-FD0915