

Merchant Services

ADDRESS / PHONE / FAX CHANGE REQUEST FORM

Important - Please Read Before Proceeding:

ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED
PLEASE FAX THIS REQUEST FORM TO DATA PROCESSING AT 775-284-8999
THIS REQUEST WILL NOT BE EFFECTIVE UNTIL THE REQUIRED DOCUMENTS ARE PROVIDED
AND APPROVED.

Thank you for your cooperation.

Merchant Name: _____

Merchant Number: _____

Old Address:

Street Unit/Suite/Apt.

City State Zip

New Physical Address (If P.O. Box, below must also be completed)

Street Unit/Suite/Apt.

City State Zip

New Mailing Address (If P.O. Box, above physical address must also be completed)

Street Unit/Suite/Apt.

City State Zip

New Merchant Phone Number(s): Business (____) ____ - ____ Fax (____) ____ - ____

Customer Service Number, if different than business phone number (____) ____ - ____

Signature of Authorized Principal
(as specified on the Merchant Application/Agreement)

Date

Print Name

Date

Email Address

If you should have any questions, please contact our Merchant Services Department at 866-779-4787