



PROCESSING LIMIT CHANGE REQUEST FORM

Merchant Name: _____

Merchant Number: _____

Request Monthly Processing Volume Increase: \$ _____

Request Average Ticket Increase: \$ _____

Products and/or Services Sold: _____
(Note: Additional documentation may be required to process your request)

PLEASE EXPLAIN THE REASON FOR YOUR INCREASE REQUEST

- Increased Advertising: _____
- Increased Trade Shows/Seminars: _____
- Increased Promotions: _____
- Increased Networking: _____
- Other: _____

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

Date

Print Name

Telephone

Fax to: (866) 449-9941

ClearChoice Merchant Services: (866) 779-4787