

# 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 YOUR SALES AGENT OR CLIENT SERVICES)</small>	
DBA CHANGES REQUESTED	
CHANGE REQUEST	ADDITIONAL DOCUMENTATION REQUIRED
<input type="checkbox"/> DBA NAME:	BUSINESS CERTIFICATE OR PRE-PRINTED VOIDED CHECK
<input type="checkbox"/> LEGAL ADDRESS:	
<input type="checkbox"/> DBA ADDRESS:	BUSINESS CERTIFICATE OR PREPRINTED VOIDED CHECK OR COPY OF VALID UTILITY BILL OR 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 checked="" type="checkbox"/> OTHER <b>Monthly Service Fee</b> RATE: <b>\$64.95</b>	
<input type="checkbox"/> OTHER      RATE:	
NOTES	
MERCHANT SIGNATURE	
MERCHANT SIGNATURE: _____	DATE: _____
<small>***SIGNATURE IS REQUIRED FOR ALL CHANGES ON FORM***</small>	

PLEASE RETRN CHANGE REQUEST FORM TO:  
 BY FAX: 855.819.4403  
 BY EMAIL: CUSTOMERSERVICETSYS@PPS.IO  
 BY MAIL: MERCHANT SERVICES, PO BOX 246, ALPHARETTA, GA 30009