

AVERAGE TICKET INCREASE REQUEST FORM

Fax requests to (703) 991 – 5374

**** Please allow three (3) to five (5) business days to evaluate your request. ****

FOR OFFICE USE ONLY			
OFFICE NAME	OFFICE ID	REP NAME / ID #	APP ID #
NAME OF BUSINESS			
MERCHANT ID #			
DATE APPROVED			
MCC CODE			
PRODUCT SOLD			
MERCHANT TYPE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> MOTO	<input type="checkbox"/> INTERNET
CONTACT TELEPHONE NUMBER			
CONTACT EMAIL ADDRESS			
DATE SUBMITTED			

REQUESTOR	
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AVERAGE TICKET INCREASE REQUEST PROCEDURE

Requests for increases will be considered only after the merchant has processed continually for at least 60 days since the account opened or since the last change was implemented.

STATUS	SIGNED	REQUESTED	APPROVED
ESTIMATED MONTHLY VOLUME	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
ESTIMATED AVERAGE TICKET	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
MAXIMUM SALE	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
ESTIMATED SWIPED TICKET	%	%	<input type="checkbox"/> YES <input type="checkbox"/> NO
ESTIMATED KEYED PERCENTAGE	%	%	<input type="checkbox"/> YES <input type="checkbox"/> NO

CURRENT CHARGEBACK PERCENTAGE	%	CURRENT REFUND PERCENTAGE	%
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Submit financial statements in accordance with Underwriting Guidelines. Web page copies (if not in original file or if they have changed)

NOTES

SIGNATURE AND ACCEPTANCE

IN ACCORDANCE WITH THE TERMS SET OUT ABOVE, I AUTHORIZE THE ABOVE CHANGE(S):

AUTHORIZED SIGNER ON ACCOUNT (MERCHANT): X	SIGNER'S NAME (PLEASE PRINT) X
DATE: X	SIGNER'S TITLE (PLEASE PRINT) X

