

CHARGEBACK NOTIFICATION CHANGE FORM

Fax requests to (703) 991 – 5374

**** Please allow three (3) to five (5) business days for your request to be completed. ****

FOR OFFICE USE ONLY			
OFFICE NAME	OFFICE ID	REP NAME / ID #	APP ID #
MERCHANT INFORMATION			
MERCHANT ID #		DBA NAME	
E-MAIL		PHONE NUMBER	
ADDRESS			
CITY		STATE	ZIP CODE
AMENDMENT TO CREDIT CARD PROCESSING AGREEMENT			

WHEREAS, MERCHANT desires to change certain terms of the AGREEMENT to more accurately reflect actual circumstances of its BUSINESS. NOW, THEREFORE, MERCHANT and SAGE PAYMENT SOLUTIONS hereby agree as follows: MERCHANT wishes to amend AGREEMENT as is set out in one or more of the following sections:

TO MODIFY THE METHOD OF CONTACTING YOUR COMPANY FOR CHARGEBACK NOTIFICATIONS:

CHANGE OF NOTIFICATION METHOD		CONTACT PREFERENCE:	
<input type="checkbox"/>	CHANGE FROM US MAIL TO FAX	FAX NUMBER	
<input type="checkbox"/>	CHANGE FROM FAX TO US MAIL	ADDRESS	
		CITY	
		STATE	ZIP CODE

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

