

# DBA NAME / ADDRESS CHANGE REQUEST 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 #
ASSOCIATION NAME	ASSOCIATION ID	REFERRAL PARTNER	TODAY'S DATE

MERCHANT INFORMATION		
MERCHANT LEGAL NAME	MERCHANT DBA	
CHAIN THIS TO ANOTHER MERCHANT? <input type="checkbox"/> Yes <input type="checkbox"/> No	MERCHANT ID #	
DOES THE MERCHANT HAVE A POS SYSTEM? <input type="checkbox"/> Yes <input type="checkbox"/> No	SOFTWARE NAME	VERSION
POS CONTACT	PHONE NUMBER	
IS THIS A MULTI-MERCHANT? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, LOCATION # of	

EQUIPMENT					
	QTY	REPROGRAM	PURCHASE	LOAN	AUTO CLOSE
Terminal Type:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PIN Pad Type:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Printer Type:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EQUIPMENT	
PREVIOUS CORPORATE / MAILING ADDRESS	NEW CORPORATE / MAILING ADDRESS
PREVIOUS CORPORATE / MAILING CITY, STATE, ZIP CODE	NEW CORPORATE / MAILING CITY, STATE, ZIP CODE
PREVIOUS PHONE NUMBER	NEW PHONE NUMBER
PREVIOUS FAX NUMBER	NEW FAX NUMBER
PREVIOUS E-MAIL ADDRESS	NEW E-MAIL ADDRESS

**PLEASE NOTE:** If you accept other card types (i.e., Amex, Discover), you must notify the respective company of the change.

SIGNATURE AND ACCEPTANCE	
IN ACCORDANCE WITH THE TERMS SET OUT ABOVE, I AUTHORIZE THE ABOVE CHANGE(S):	
AUTHORIZED SIGNER ON ACCOUNT (MERCHANT): <b>X</b>	SIGNER'S NAME (PLEASE PRINT) <b>X</b>
DATE: <b>X</b>	SIGNER'S TITLE (PLEASE PRINT) <b>X</b>

