CHANGE REQUEST FORM

MERCHANT ACCOUNT INFORMATION	
DATE: ME	ERCHANT ID NUMBER:
ACCOUNT OWNER'S NAME:	
BUSINESS NAME (DBA):	
CURRENT LEGAL NAME: (FOR LEGAL NAME CHANGES, A NEW MERCHANT APPLICATION WILL BE REQUIRED. PLEASE CONTACTYOU SALES AGENT OR CLIENT SERVICES.)	
DBA CHANGES REQUESTED	
CHANGE REQUESTED	ADDITIONAL DOCUMENTATION REQUIRED
☐ DBA NAME:	BUSINESS CERTIFICATE <i>OR</i> PRE-PRINTED VOIDED CHECK
☐ LEGAL ADDRESS:	
☐ DBA ADDRESS:	BUSINESS CERTIFICATE <i>OR</i> PRE-PRINTED VOIDED CHECK <i>OR</i> COPY OF VALID UTLITY BILL <i>OR</i> COPY OF BUSINESS LOCATION LEASE
☐ EMAIL ADDRESS:	
☐ DBA PHONE NUMBER:	
☐ DBA FAX NUMBER:	
☐ WEBSITE ADDRESS:	
PRICING AND CARD TYPE CHANGES REQUESTED	
☐ AMEX OPT BLUE ☐ INTERCHANGE ☐ TIERED	RATE:
☐ AMEX DIRECT SE#	
☐ ADD DISCOVER	
☐ PIN DEBIT DISCOUNT	RATE:
☐ EBT FNS#	TRANSACTION FEE:
ADD CASH BENEFITS	
ADD MY MERCHANT BENEFITS	RATE:
VISA/MASTERCARD/DISCOVER DISCOUNT	NEW RATE:
CHECK CARD DISCOUNT	RATE:
OTHER:	RATE:
OTHER:	RATE:
NOTES	
MERCHANT SIGNATURE	
MERCHANT SIGNATURE:	DATE:

PLEASE RETURN CHANGE REQUEST FORM TO:

BY FAX: 615.444.3916

BY EMAIL: CUSTOMERSERVICETSYS@PPS.IO
BY MAIL: MERCHANT SERVICES, PO BOX 246, ALPHARETTA, GA 30009-0246