

Please return this completed form by:

EMAIL : cscupdates@sage.com

FAX : (703) 991 – 5374

PLEASE ALLOW THREE (3) TO FIVE (5) BUSINESS DAYS FOR YOUR REQUEST TO BE COMPLETED.

OFFICE INFORMATION

OFFICE ID _____ REP NAME / ID _____ APP ID _____ TICKET # _____

MERCHANT INFORMATION

MERCHANT ID _____ DBA NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT NAME _____ PHONE NUMBER _____

PLEASE NOTE: This affects MC / Visa deposits and fees only. If you accept other card types (i.e. Amex, Discover, Diners, JCB, Carte Blanche) you must notify the respective company of the change.

ADD / REMOVE or CHANGE CONTACT PERSON

PLEASE NOTE: Adding a contact to the account allows them access to information on your account.

Please **ADD** **REMOVE** as the contact on this account.

SELECT ONLY ONE FULL NAME

Please **CHANGE** the contact person on this account as follows:

FROM: _____ TO: _____
PREVIOUS CONTACT PERSON NAME NEW CONTACT PERSON NAME

CHANGE MERCHANT INFORMATION

PREVIOUS PHONE NUMBER _____ NEW PHONE NUMBER _____

PREVIOUS FAX NUMBER _____ NEW FAX NUMBER _____

PREVIOUS EMAIL _____ NEW EMAIL _____

SIGNATURE AND ACCEPTANCE

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

X	_____	X	_____
	SIGNATURE (MUST BE SIGNATORY ON FILE)		SIGNER'S NAME (PLEASE PRINT)
X	_____	X	_____
	SIGNER'S TITLE (PLEASE PRINT)		DATED