

Please return this completed form by:

EMAIL : [cscupdates@sage.com](mailto:cscupdates@sage.com)

FAX : (703) 991 – 5374

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

## OFFICE INFORMATION

\_\_\_\_\_  
TODAY'S DATE

\_\_\_\_\_  
APP ID

\_\_\_\_\_  
TICKET #

## ACCOUNT INFORMATION CURRENTLY ON FILE

\_\_\_\_\_  
MERCHANT ID

\_\_\_\_\_  
MERCHANT LEGAL NAME

YES  NO

of

YES  NO

\_\_\_\_\_  
IS THIS A MULTI-MERCHANT?

\_\_\_\_\_  
IF YES, LOCATION NUMBER

\_\_\_\_\_  
DOES MERCHANT HAVE POS SYSTEM?

## INFORMATION TO BE CHANGED

CHANGE DBA NAME TO

\_\_\_\_\_  
PREVIOUS *DBA NAME*

\_\_\_\_\_  
NEW *DBA NAME*

CHANGE MAILING ADDRESS TO

\_\_\_\_\_  
PREVIOUS *MAILING ADDRESS*

\_\_\_\_\_  
NEW *MAILING ADDRESS*

\_\_\_\_\_  
PREVIOUS *MAILING CITY, STATE, ZIP CODE*

\_\_\_\_\_  
NEW *MAILING CITY, STATE, ZIP CODE*

CHANGE LOCATION ADDRESS TO

\_\_\_\_\_  
PREVIOUS *LOCATION ADDRESS*

\_\_\_\_\_  
NEW *LOCATION ADDRESS*

\_\_\_\_\_  
PREVIOUS *LOCATION CITY, STATE, ZIP CODE*

\_\_\_\_\_  
NEW *LOCATION CITY, STATE, ZIP CODE*

CHANGE CONTACT INFORMATION TO

\_\_\_\_\_  
PREVIOUS *PHONE NUMBER*

\_\_\_\_\_  
NEW *PHONE NUMBER*

\_\_\_\_\_  
PREVIOUS *FAX NUMBER*

\_\_\_\_\_  
NEW *FAX NUMBER*

\_\_\_\_\_  
PREVIOUS *EMAIL ADDRESS*

\_\_\_\_\_  
NEW *EMAIL ADDRESS*

## SIGNATURE AND ACCEPTANCE

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

X

\_\_\_\_\_  
SIGNATURE (MUST BE SIGNATORY ON FILE)

X

\_\_\_\_\_  
SIGNER'S NAME (PLEASE PRINT)

X

\_\_\_\_\_  
SIGNER'S TITLE (PLEASE PRINT)

X

\_\_\_\_\_  
DATED