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| OFFICE INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Office ID | | | | | |  | Rep Name / ID | | | | | |  | | | App ID | | | | | | |  | Ticket # | | | |  | | |
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| MERCHANT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Merchant ID (MID) | | | | | | | | | | |  | | | | | Address | | | | | | | | | | | |  | |
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|  | | DBA Name | | | | | | | | | | |  | | | | | City | | | | | | | | | | | |  | |
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|  | | Contact Name | | | | | | | | | | |  | | | | | State | | | | | | | | | | | |  | |
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|  | | Email Address for Notification of Request Completion | | | | | | | | | | |  | | | | | Zip Code (+4) | | | | | | | | | | | |  | |
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|  | | Phone | | | | | | | | | | |  | | | | | Fax | | | | | | | | | | | |  | |
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|  | **PLEASE NOTE**: This affects Mastercard® / 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | Please | | | | ADD | REMOVE | | |  |  | | | | | | | | | | | |  | as the contact on this account. | | | | | |  | |
|  |  | | | | Select one only | | | |  | Full Name | | | | | | | | | | | |  |  | | | | | |  | |
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|  | Please | | | | CHANGE | the contact person on this account as follows: | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | FROM: | | | |  | | | | | | | TO: | | | | | | |  | | | | | | |  | | |  | |
|  |  | | | | **PREVIOUS** Contact Person Name | | | | | | |  | | | | | | | **NEW** Contact Person Name | | | | | | |  | | |  | |
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| CHANGE MERCHANT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **PREVIOUS** Phone Number | | | | | | | | | | |  | | | | | | | **NEW** Phone Number | | | | | | | | | |  | |
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|  | **PREVIOUS** Fax Number | | | | | | | | | | |  | | | | | | | **NEW** Fax Number | | | | | | | | | |  | |
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|  | **PREVIOUS** Email | | | | | | | | | | |  | | | | | | | **NEW** Email | | | | | | | | | |  | |
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| SIGNATURE AND ACCEPTANCE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In accordance with the terms set out above, I authorize the above change(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | |  |  | Signature (Must be Signatory on File) | | | | | | |  | | | |  |  | | | |  | Signer’s Name (Please Print) | | | | | |  |  | | |
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