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|  | | | | | | | | | | | |  | | | | OFFICE INFORMATION | | | | | | | | | | | | |
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|  | | | Today’s Date | | | | | | | | |  | | | | App ID | | | | | | |  | Ticket # | | |  | |
|  | | |  | | | | | | | | |  | | | |  | | | | | | |  |  | | |  | |
|  | | | Email Address for Notification of Request Completion | | | | | | | | |  | | | |  | | | | | | |  |  | | |  | |
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| ACCOUNT INFORMATION CURRENTLY ON FILE | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | |
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|  | | | Merchant ID (MID) | | | | | | | |  | | | | | | | Merchant Legal Name | | | | | | | | |  | |
|  | | | YES | | | NO |  |  | | of | | | | | | |  | | | |  | YES | | | NO | |  | |
|  | | | Is this a multi-merchant? | | | |  | If yes, location number: | | | | | | | | | | | | |  | Does the Merchant have POS systems? | | | | |  | |
|  | | |  | | | | | | | | |  | | | |  | | | | | | | | | | |  | |
| INFORMATION TO BE CHANGED | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | CHANGE DBA NAME TO | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | | PREVIOUS  ***DBA NAME*** | | | | | | | |  | | | | | | | NEW ***DBA NAME*** | | | | | | | | |  | |
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|  | | CHANGE MAILING ADDRESS TO | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | | PREVIOUS ***MAILING*** ADDRESS | | | | | | | |  | | | | | | | NEW ***MAILING*** ADDRESS | | | | | | | | |  | |
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|  | | | PREVIOUS ***MAILING*** CITY, STATE, ZIP CODE | | | | | | | |  | | | | | | | NEW ***MAILING*** CITY, STATE, ZIP CODE | | | | | | | | |  | |
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|  | | CHANGE LOCATION ADDRESS TO | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | | PREVIOUS ***LOCATION*** ADDRESS | | | | | | | |  | | | | | | | NEW ***LOCATION*** ADDRESS | | | | | | | | |  | |
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|  | | | PREVIOUS ***LOCATION*** CITY, STATE, ZIP CODE | | | | | | | |  | | | | | | | NEW ***LOCATION*** CITY, STATE, ZIP CODE | | | | | | | | |  | |
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|  | | CHANGE CONTACT INFORMATON TO | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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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*** ADDRESS | | | | | | | |  | | | | | | | NEW ***EMAIL*** ADDRESS | | | | | | | | |  | |
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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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|  | | |  |  | Signer’s Title (Please Print) | | | |  | | | | |  |  | | | |  | Dated | | | | | |  |  | |
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