

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

OFFICE ID \_\_\_\_\_ REP NAME / ID \_\_\_\_\_ APP ID \_\_\_\_\_ TICKET # \_\_\_\_\_

## MERCHANT INFORMATION

MERCHANT ID \_\_\_\_\_ DBA NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

PURSUANT TO THE MERCHANT AGREEMENT BY AND BETWEEN MERCHANT AND SAGE PAYMENT SOLUTIONS, MERCHANT IS PROVIDING NOTICE OF CHANGE IN PRINCIPAL(S):

The following person is the **NEW / ADDITIONAL** Principal Merchant:

## NEW PRINCIPAL

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE (+4) \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

DATE OF BIRTH (DOB) \_\_\_\_\_

(if applicable) The following person is the **NO LONGER** a Principal Merchant:

## REMOVED PRINCIPAL

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE (+4) \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

DATE OF BIRTH (DOB) \_\_\_\_\_

## SIGNATURE AND ACCEPTANCE

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

CURRENT PRINCIPAL
<b>X</b> _____ SIGNATURE
_____ PRINTED NAME
_____ SIGNER'S TITLE
_____ DATED

NEW PRINCIPAL
<b>X</b> _____ SIGNATURE
_____ PRINTED NAME
_____ SIGNER'S TITLE
_____ DATED

WITNESS (ISO / SPS AGENT or NOTARY ONLY)
<b>X</b> _____ SIGNATURE
_____ PRINTED NAME
_____ SIGNER'S TITLE
_____ DATED