

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

NAME OF BUSINESS \_\_\_\_\_ MERCHANT ID (MID) \_\_\_\_\_

CONTACT TELEPHONE \_\_\_\_\_ CONTACT EMAIL ADDRESS \_\_\_\_\_

RETAIL       MOTO       INTERNET

MERCHANT TYPE \_\_\_\_\_ MCC CODE \_\_\_\_\_

PRODUCTS SOLD \_\_\_\_\_ DATE APPROVED \_\_\_\_\_

REQUESTOR \_\_\_\_\_ DATE SUBMITTED \_\_\_\_\_

VIRTUAL CHECK    BANKCARD

TYPE OF INCREASE \_\_\_\_\_

## AVERAGE TICKET INCREASE REQUEST PROCEDURE (Requests for increases will be considered only after the Merchant has processed continually for at least sixty (60) days since the account opened or since the last change was implemented)

STATUS	SIGNED	REQUESTED	APPROVED
ESTIMATED MONTHLY VOLUME	\$ _____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
ESTIMATED AVERAGE TICKET	\$ _____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
MAXIMUM SALE	\$ _____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
ESTIMATED SWIPED TICKET	_____ %	_____ %	<input type="checkbox"/> YES <input type="checkbox"/> NO
ESTIMATED KEYED PERCENTAGE	_____ %	_____ %	<input type="checkbox"/> YES <input type="checkbox"/> NO

*SUBMIT FINANCIAL STATEMENTS IN ACCORDANCE WITH UNDERWRITING GUIDELINES. WEB PAGE COPIES (IF NOT IN ORIGINAL FILE OR IF THEY HAVE CHANGED.)*

CURRENT CHARGEBACK PERCENTAGE \_\_\_\_\_ %

CURRENT REFUND PERCENTAGE \_\_\_\_\_ %

## NOTES

## SIGNATURE AND ACCEPTANCE

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

<p><b>X</b> _____ SIGNATURE (MUST BE SIGNATORY ON FILE)</p> <p><b>X</b> _____ SIGNER'S TITLE (PLEASE PRINT)</p>	<p><b>X</b> _____ SIGNER'S NAME (PLEASE PRINT)</p> <p><b>X</b> _____ DATED</p>
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