

# MERCHANT ACCOUNT INFORMATION CHANGE FORM

## MERCHANT INSTRUCTIONS

### FAX INSTRUCTIONS

Please complete the form below and fax it to:

**Fax: 888-415-0052**  
**Attn: Merchant Services**

### MAILING INSTRUCTIONS

Please complete the form below and mail it to:

**Merchant Services**  
**255 Gold Rivers Court**  
**Third Floor**  
**Basalt, Co 81621**

*Note: If your Type of Ownership is changing from what was indicated on your original application (i.e. sole proprietorship -> partnership, etc.) you may be required to submit a new application for this change to be processed.*

## REQUIRED INFORMATION

Merchant information to be changed check all that apply:

DBA     Legal Name     Mailing Address     Physical Address     Phone     Add Contact

**Merchant Number**  
(Required)

**Current DBA Name**  
(Required)

### DBA CHANGE REQUEST

**New DBA Name**

### LEGAL BUSINESS NAME CHANGE REQUEST

**Old Legal Name:**

**New Legal Name:**  
(You will be required to update your application documents to process this change. We will provide these documents after receiving this request.)

### MAILING ADDRESS CHANGE REQUEST

**Old Mailing Address**

**New Mailing Address**

### PHYSICAL ADDRESS CHANGE REQUEST

**Old Physical Address**

**New Physical Address**

### BUSINESS PHONE AND CONTACT CHANGE REQUEST

**New Business Phone**

**Add Contact:**  
(Not authorized signer)

## REQUIRED AUTHORIZATION

\_\_\_\_\_  
**Authorized Signer's Name**  
(Required, Please Print)

\_\_\_\_\_  
**Authorized Signature**  
(Required)

\_\_\_\_\_  
**Date**  
(Required)