

Best Rates - Local Service - Go Direct Please fax to: 1-800-434-8616

DBA Name:	
Merchant Number:	
☐ Address Change	
Previous Address	
Street	Unit/Suite
City State	Zip Code
New Physical Address (cannot be a PO box)	
Street	Unit/Suite
G'.	7. 0.1
City State	Zip Code
New Mailing Address	
Street	Unit/Suite
	omesale
City State	Zip Code
☐ Phone/Fax Change	
Business Phone: ()	_ Contact:
Business Fax: ()	_
Other: ()	Please specify:
☐ DBA Name Change	
NOTE: This is the name that appears on a customer's credit card statement. It should match the signage of your business, as well as the receipt.	
Previous DBA Name:	
New DBA Name:	
X_	Date:
NOTE: Account Maintenance Requests will not be completed until all information is verified. Thank your for your cooperation.	