

Address Change Form

Ticket Number: _____

Merchant Number: _____

Today's Date: _____

INSTRUCTIONS:

In order to change your billing and/or physical address, please complete the following steps.

Step 1: Fill in the following information:

Corporate Name: _____

DBA Name: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Principal Owner #1: _____

(Please print)

Principal Owner #2: _____

(If applicable) (Please print)

Step 2: Submit a Site Survey – This can be any one of the following:

- Copy of a utility bill
- Yellow Pages advertisement
- Business/Tax license
- Lease agreement
- Something that shows both the business name and address (Must be the physical address)

Step 3: Complete address information:

I would like to change my: (circle one or both) **Billing/Mailing address** or **Physical address**.

New Physical Address

New Billing/Mailing Address

Check here if the Chargeback Notification Address differs from the Billing Address

Signature of Principal Owner #1: _____ Date: _____

Signature of Principal Owner #2: _____ Date: _____
(If applicable)

Step 4: Return documentation:

Fax – 248-283-6137

Mail – 250 Stephenson Hwy
Troy, MI 48083

Thank you for your cooperation and choosing us as your credit card processor.

Phone#: 800-226-2273