



Toll-Free : 800-546-1997
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ADDRESS / PHONE / FAX CHANGE REQUEST FORM

IMPORTANT - PLEASE READ BEFORE PROCEEDING:

ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED.

Thank you for your cooperation.

Merchant Name: _____ **Merchant Number:** _____

>> Old Address:

Street: _____ Unit / Suite / Apt. : _____

City: _____ State: _____ Zip Code: _____

>> New Physical Address: (If P.O. Box, below must also be completed)

Street: _____ Unit / Suite / Apt. : _____

City: _____ State: _____ Zip Code: _____

>> New Mailing Address: (If P.O. Box, above physical address must also be completed.)

Street: _____ Unit / Suite / Apt. : _____

City: _____ State: _____ Zip Code: _____

>> New Merchant Phone Number(s):

Business: _____ Fax: _____

Customer Service number, if different than business phone number.: _____

Signature of Authorized Principal: _____ Date: _____
(as specified on the Merchant Application/Agreement)

Print Name: _____ Phone: _____ Email Address: _____

MerchantPlus LLC - 29 Broadway, 30th Floor, New York, NY 10006

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