

Merchant Services

PROCESSING LIMIT CHANGE FORM

IMPORTANT - PLEASE READ BEFORE PROCEEDING:

ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED.

PLEASE FAX THIS REQUEST FORM TO DATA PROCESSING AT (818) 702-2412.

THIS REQUEST WILL NOT BE EFFECTIVE UNTIL THE REQUIRED DOCUMENTS ARE PROVIDED AND APPROVED.

Thank you for your cooperation.

Merchant Name: _____

Merchant Number: _____

Requested Monthly Processing Volume: _____

Requested Average Ticket: _____

Web Address: _____

Maximum number of days before customer receives goods or services: _____

PLEASE EXPLAIN THE REASON FOR THE CHANGE BELOW AND PROVIDE A BRIEF PRODUCT DESCRIPTION:

Please note: Additional documentation may be required to process your request.

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

Print Name **Phone** **Email Address**

If you should have any questions, please contact our Merchant Services department at (800) 554-2777 or email us at merchantsupport@merchant-help.com