

Merchant Services

ADDRESS/PHONE/FAX CHANGE REQUEST FORM

IMPORTANT - PLEASE READ BEFORE PROCEEDING:

ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED.

PLEASE FAX THIS REQUEST FORM TO 1-323-852-1504

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

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

(as specified on the Merchant Application/Agreement)

Date

Print Name

Phone

Email Address

If you have any questions, please contact our Merchant Services department at 1888-925-5787
support@1stnationalprocessing.us