

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 DATA PROCESSING AT 678-328-3388.
THIS REQUEST WILL NOT BE EFFECTIVE UNTIL THE SIGNATURE HAS BEEN VERIFIED
Thank you for your cooperation

Merchant Name: _____

Merchant Number: _____

Old Address

Street _____

Unit/Suite/Apartment _____

City _____

State _____

Zip Code _____

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

Street _____

Unit/Suite/Apartment _____

City _____

State _____

Zip Code _____

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

Street _____

Unit/Suite/Apartment _____

City _____

State _____

Zip Code _____

New Merchant Phone Number(s):

Business Phone: (____) _____ - _____

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 _____

Email Address _____