MERCHANT CHANGE NOTICE
FAX TO: 216.674.3110

0120

electronic merchant systems®

Copy fwd to Gift Cards:
Please circle: Yes or No

FAX TO: 216.674.3110   TICKET # _____   CSR REP: _____

MERCHANT #: 565500001134572   **DBA:** CLOGGEDNOZZLE
(15 digits)   (please print)

DOING BUSINESS AS (DBA) NAME	FROM: CLOGGEDNOZZLE TO: _____
PHYSICAL ADDRESS (PLACE OF BUSINESS)	FROM: ADDRESS: 1003 DOMKE DR CITY, STATE, ZIP: VALPARAISO, IN 46383 TO: ADDRESS: _____ CITY, STATE, ZIP: _____ ☐ MAILING ADDRESS
CORPORATE/LEGAL ADDRESS (If different than place of business)	FROM: ADDRESS: 1003 DOMKE DR CITY, STATE, ZIP: VALPARAISO, IN 46383 TO: ADDRESS: _____ CITY, STATE, ZIP: _____ ☐ MAILING ADDRESS
TELEPHONE NUMBER	FROM: (219) 299-6291 TO: _____ ☐ FOR MOTO ACCOUNTS CHECK BOX IF CHANGING DESCRIPTOR FIELD ONLY
FAX NUMBER	FROM: _____ TO: _____
WEBSITE ADDRESS (URL)	FROM: EBAY.US/M/SIYSCS TO: _____

IF CHANGING DEPOSITORY ACCOUNTS, PLEASE ATTACH VOIDED CHECK. PLEASE NOTE CHECKING ACCT. OR OTHER CHANGES ON THIS FORM THAT ONLY AFFECTS VISA, MASTERCARD AND DISCOVER SALES. FOR ANY CHANGE LISTED ON THIS FORM YOU MUST ALSO CONTACT AMEX.

MERCHANT hereby authorizes BANK and EMS in accordance with this MERCHANT Processing Agreement to Initiate debit/credit entries to the MERCHANT's checking account as indicated below. The authority is to remain in full force and effect as described in Paragraph 12 and 16 of the Agreement. This authorization extends to such entries in said account concerning lease, rental or purchase agreements applying to POS terminals and/or check guarantee fees.

ATTACH CHECK HERE   **   **DO NOT USE A DEPOSIT TICKET   **   MAKE SURE CHECK IS VOIDED PROPERLY

If voided check is not attached, you must supply a letter from your Bank, using their letterhead, stating routing number and account number

CHANGES CAN NOT BE MADE WITHOUT THE AUTHORIZED SIGNATURE

OWNER'S SIGNATURE _____   DATE: _____

PRINT OWNER'S NAME _____

CUSTOMER SERVICE APPROVAL _____   DATE: _____