



For CMS Office Use Only:

Date CMS Received: _____ DDA: _____
Date Change Made: _____ By: _____
Date Scanned: _____ Sent NBCal: _____

Doing Business As (DBA) Add or Change Request Form

Merchant Number: _____

Merchant Name: _____

Old Doing Business As Name: _____

New Doing Business As Name: _____

(State recorded DBA forms will be required to make this change)

Reason for Changing? _____

Are there any changes within marketing or product offers? If so, please explain. _____

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

Date

Printed Name

Phone

Email Address

Please fax this request form to our customer service team at: 1-877-537-9485.

Please contact our customer service department at: 877-267-4324 or at customersupport@cmsonline.com with any questions.