



For CMS Office Use Only:	
Date CMS Received: _____	DDA: _____
Date Change Made: _____	By: _____
Date Scanned: _____	Sent NBCal: _____

## Processing Limit Change Request Form

Merchant Name: \_\_\_\_\_

Merchant Number: \_\_\_\_\_

Requested Monthly Processing Volume: \_\_\_\_\_

Requested Average Ticket: \_\_\_\_\_

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**  
(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](mailto:customersupport@cmsonline.com) with any questions.