



For CMS Office Use Only:

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

Address/ Phone/ Fax Change Request Form

Merchant Name: _____

Merchant Number: _____

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

Street _____ Unit/Suite _____
City _____ State _____ Zip Code _____

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

Street _____ Unit/Suite _____
City _____ State _____ Zip Code _____

New Merchant Phone Number(s): _____ **Fax** _____

Customer Service number, if different than business phone number: _____

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.