

Date CMS Received: \_\_\_\_\_ DDA: \_\_\_\_\_  
Date Change Made: \_\_\_\_\_ By: \_\_\_\_\_  
Date Scanned: \_\_\_\_\_ Sent NBCal: \_\_\_\_\_

## Add/ Change Card Type Request Form

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

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

**American Express:**    ☐ Add    ☐ Change

American Express SE # (if existing) \_\_\_\_\_

(If you do not have an existing AMEX account please call American Express to sign up, at 800-528-5200.)

**Diners Club/ Carte Blanche:**    ☐ Add    ☐ Change

Merchant Account # (if existing) \_\_\_\_\_

**Japanese Credit Bureau (JCB):**    ☐ Add    ☐ Change

Merchant Account # (if existing) \_\_\_\_\_

**Pin Based Debit:**    ☐ Add    ☐ Remove

Debit Fees \_\_\_\_\_

\_\_\_\_\_  
**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.