



For CMS Office Use Only:

Date CMS Received: _____ DDA: _____

Date Change Made: _____ By: _____

Date Scanned: _____ Sent NBCal: _____

Complete Merchant View

Merchant Name: _____

Merchant Number: _____

This form is to request Complete Merchant View (CMV) be established for the above account. I understand that there will be a monthly service fee of \$10.00 in addition to my regular monthly fees.

Please send the login, temporary password and basic steps to:

Email Address

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.