

## Additional Contact Request Form

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

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

Please allow (Name of Contact) \_\_\_\_\_ to have access to all and any information pertaining to the above mentioned merchant account. This access will not allow the additional contact to make any changes on the account along with accessing any personal information that is listed on the Authorized Principal of the account.

\_\_\_\_\_  
**Signature of Additional Contact**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

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