## MERCHANT ACCOUNT INFORMATION CHANGE FORM

WENC	MERCHANT	INSTRUCTIONS	NGL I ONIVI	
FAX INST	RUCTIONS	MAILING INSTRUCTIONS		
Please complete the form below and fax it to:		Please complete the form below and mail it to:		
			Merchant Services	
Fax: 888-415-0052 Attn: Merchant Services		255 Gold Rivers Court Third Floor		
Attn: Merchant Services		Basalt, Co 81621		
		,		
Note: If your Type of Ownership is changing from what was indicated on your original application (i.e. sole proprietorship -> partnership, etc.) you may be required to submit a new application for this change to be processed.  REQUIRED INFORMATION				
Merchant information to be changed check all that apply:				
□ DBA □ Legal Nam		☐ Physical Address	□Phone [	☐Add Contact
Merchant Number (Required)				
Current DBA Name (Required)				
	DBA CHAI	IGE REQUEST		
New DBA Name				
	LEGAL BUSINESS N	AME CHANGE REQUEST		
Old Legal Name:				
New Legal Name: (You will be required to update your application documents to process this change. We will provide these documents after receiving this request.)				
	MAILING ADDRES	S CHANGE REQUEST		
Old Mailing Address				
New Mailing Address				
	PHYSICAL ADDRE	SS CHANGE REQUEST		
Old Physical Address				
New Physical Address				
	BUSINESS PHONE AND C	ONTACT CHANGE REQUE	ST	
New Business Phone		Add Contact: (Not authorized signer)		
REQUIRED AUTHORIZATION				
Authorized Signer's Name (Required, Please Print)	Authorize (Required)	ed Signature	Date (Requi	