

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

Address/ Phone/ Fax/ Email Change Request Form

Merchant Name: _____

Merchant Number: _____

Old Physical Address: _____

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

Street

Unit/Suite

City

State

Zip Code

Old Mailing Address: _____

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** (____) ____ - ____

New E-mail: _____

New Web Address URL: _____

Customer Service number, if different from 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.