

**For CMS Office Use Only:**

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

Add/ Change Card Type Request Form

Merchant Name: _____

Merchant Number: _____

American Express: Add Change

American Express Merchant Number (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 with any questions.