

Date Received: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
Security Call: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
By: \_\_\_\_\_ Date Scanned: \_\_\_\_\_

## Business Descriptor Change Request Form

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

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

Old Descriptor: \_\_\_\_\_

New Descriptor: \_\_\_\_\_

(State recorded document to validate new descriptor may be required to make this change)

Website URL: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Authorized Principal**

(as specified on the Merchant Stet/Agreement)

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

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

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Email Address**

*Please email the complete form to [risksupport@cmsonline.com](mailto:risksupport@cmsonline.com) or fax to 1-877-537-9485.*

*Please contact our risk department at 1-877-267-4324 with any questions.*