

Merchant Services
371 Centennial Parkway Louisville, CO 80027.

Merchant Change Form
(Address & Name Change)

Merchant ID #:
TID:

Short Name ADVMERCHSOL / TF-PRIADVMS

<input type="checkbox"/> ADDRESS CHANGE*			<input type="checkbox"/> NAME CHANGE		
Legal Bus. Name of Applicant _____			DBA Name _____		
Mailing Address _____			Physical Address _____		
City _____	State _____	Zip _____	City _____	(No PO Boxes) State _____	Zip _____
Phone (____) _____		Fax (____) _____	Phone (____) _____		Fax (____) _____
E-Mail Address: _____		Contact Name _____	Business Hours _____		
Fed. Tax ID # (EIN) _____		Length Owned _____	Years _____	Months _____	Seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No Months Open _____
Type of entity: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Gen Partnership <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> Other _____					

CHARGEBACK FAX # CHANGE:

Old information here: Chargeback Fax Number: _____ Party Handling Chargebacks: _____ Reason for Change: _____	New information here: Chargeback Fax Number: _____ Party Handling Chargebacks: _____
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DESCRIPTOR CHANGE: **Credit card descriptors are 25 digits in length. e-Check descriptors are 10 digits in length.

Old information here: Descriptor: _____ Customer Service Phone #: _____ Reason for Change: _____	New information here: Descriptor: _____ Customer Service Phone #: _____
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MERCHANT SITE SURVEY

* If physical address is changed, new site survey is required

Type of building:	<input type="checkbox"/> Shopping center	<input type="checkbox"/> Separate bldg	<input type="checkbox"/> office building	<input type="checkbox"/> Residence	<input type="checkbox"/> Other
Square footage:	<input type="checkbox"/> 0-250	<input type="checkbox"/> 251-500	<input type="checkbox"/> 501-2,000	<input type="checkbox"/> 2,000 +	
SITE SURVEY WAIVED					
I hereby certify that I personally conducted the site survey described herein.					
Site inspected by _____		Rep # _____		Date _____	
Signature _____					

The undersigned certify and affirm, under penalty of perjury, that all changes and/or instructions contained herein have been fully authorized and approved by the Board of Directors or other managing body or person of the Merchant. Signature of Authorized Merchant Principal (as specified on the Merchant Agreement). Change request will not be completed unless the merchant completes all pertinent information above and signature verified

SIGNATURES

Merchant Signature _____	Date _____
Print Name _____	
Guarantor _____	Date _____

TransFirst Use Only: Completed By/Date: _____ / _____