



Transmittal Instructions

To: _____

D/B/A: _____

MID: _____

FAX: _____

Date: _____

From: _____, Merchant Services Network Help Desk

RE: Completion of Form: **“Change of Information Amendment”**

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1. **This form must be signed by the authorized signer on record for this merchant account.**
 2. Only the fields that are on this form may be changed by this amendment. If there is a new signer, a new legal name or a new Federal Tax ID, a new merchant application must be submitted.
 3. Once completed, please fax to our Modification Department:

1-561-798-8066

A faxed document is sufficient to make these informational changes.

4. This form is for Visa & MasterCard only. You must contact all other service providers directly.

Additional Contact Information:

American Express:	1-800-528-5200	Valutec Gift Cards:	1-888-381-8258
Discover:	1-800-347-2000	LCG Leasing:	1-708-364-1540
Diners Club:	1-800-525-7376	CIT Leasing:	1-312-424-9700
Convert-a-Check	1-888-481-0757	MBF Leasing:	1-630-654-1200
JCB:	1-800-366-4522		

CONFIDENTIALITY STATEMENT

This electronic message transmission (including any attachments) contains information from the corporate offices of Merchant Services Network and is privileged and confidential. The information is intended only for the use of the person(s) or entity named above. If you are not an intended recipient of this message, you are hereby notified that any disclosure, copying, distribution, use of, or any other action based on the contents of this message is strictly prohibited and may be unlawful. If you received this electronic transmission in error, please notify us by telephone at (888) 668-2650 immediately and permanently delete it from your system. Thank you.

Change of Information Amendment

D/B/A: _____ MID: _____

CHANGE OF GENERAL INFORMATION

NEW D/B/A Name:

Mail Chargeback/Retrieval Requests to: Location Mailing/Corporate Address

Mail Statements to: Location Mailing/Corporate Address

NEW Email Address

CHANGE OF LOCATION INFORMATION

NEW Location Address:

Bldg/Suite #:

City:

State:

Zip:

NEW Phone Number:

NEW Fax. Number:

CHANGE OF MAILING/CORPORATE INFORMATION

NEW Mailing/Corporate Address:

Bldg/Suite #:

City:

State:

Zip:

NEW Corporate Phone Number:

NEW corporate Fax. Number:

PLEASE NOTE:

This Form is for VISA® & MasterCard® ONLY!

MERCHANT IS RESPONSIBLE FOR NOTIFYING ALL SECONDARY SERVICE PROVIDERS OF THIS CHANGE

MERCHANT ACCEPTANCE & TERMS

This Amendment by & between Merchant Services Network (MSN) and MERCHANT, as named above, shall take effect on the date indicated below. Whereas, MSN and MERCHANT are PARTIES to a Merchant Processing Agreement of a certain date ("AGREEMENT") under which MSN receives specified transactions from MERCHANT, MSN processes such on behalf of Merchant subject to the Terms and Conditions more fully set out in the AGREEMENT; and, Whereas, MERCHANT desires to change certain portions of the AGREEMENT to more accurately reflect the actual circumstances of its BUSINESS. NOW THEREFORE, the PARTIES hereby agree as follows:

1. Terms herein in all capitalized letters which are not otherwise defined herein shall have the same meaning as set out in AGREEMENT
2. MSN & MERCHANT agree that this AMENDMENT is controlled by the Terms & Conditions contained in Agreement
3. MERCHANT wishes to amend AGREEMENT as to what services are being accepted
4. The addition of services can take up to two weeks to complete, Merchant will be notified by MSN when completed
5. When completed, this Amendment will become a part of the AGREEMENT, and together, they will constitute the entire AGREEMENT between the PARTIES and supercede the prior AGREEMENT. No agent, employee, or representative of either PARTY has any authority to bind such PARTY to any affirmation, representation, or warranty unless such is specifically included within this written AMENDMENT or the AGREEMENT
6. Except as amended hereby, MSN and MERCHANT reaffirm the obligations of each as are contained in the AGREEMENT

Signature of Authorized Signer

Authorized Signer's Social Security Number

Date

Printed Name of Authorized Signer

Title

Phone Number

FOR INTERNAL USE ONLY

Closure Reviewed By:

Date Reviewed:

Closure Initiated By:

Closure Completed By:

Date Initiated:

Date Completed:

System Accounting Tech Master Database MMI Wireless Payment Gateway Sales Rep.