

# ADDRESS/PHONE/FAX CHANGE REQUEST FORM

**IMPORTANT - PLEASE READ BEFORE PROCEEDING:  
ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED.  
PLEASE FAX THIS REQUEST FORM TO CUSTOMER SERVICE AT 425-969-2945.  
THIS REQUEST WILL NOT BE EFFECTIVE UNTIL THE SIGNATURE  
HAS BEEN VERIFIED BY CUSTOMER SERVICE.  
*Thank you for your cooperation.***

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

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

**Old Address:**

\_\_\_\_\_  
Street Unit/Suite/Apt.  
\_\_\_\_\_  
City State Zip Code

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

\_\_\_\_\_  
Street Unit/Suite/Apt.  
\_\_\_\_\_  
City State Zip Code

**New Mailing Address: (If P.O. Box, above physical address must also be completed.)**

\_\_\_\_\_  
Street Unit/Suite/Apt.  
\_\_\_\_\_  
City State Zip Code

**New Merchant Phone Number(s):**

Business: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Customer Service number, if different than business phone number.: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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

(as specified on the Merchant Application/Agreement)

If you should have any questions, please contact our Customer Service department at (800)675-6573 or email us at *support@appliedmerchant.com*