

# PROCESSING LIMIT CHANGE 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 MERCHANT SERVICES.**

*Thank you for your cooperation.*

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

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

**Requested Monthly Volume:** \_\_\_\_\_

**Requested Average Ticket:** \_\_\_\_\_

**Reason for increase:** \_\_\_\_\_

**Please note: Additional financials may be required to process increase.**

\_\_\_\_\_  
**Signature of Authorized Principal**  
(as specified on the Merchant Application/Agreement)

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

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