



# CARD ADDITION REQUEST FORM

**IMPORTANT - PLEASE READ BEFORE PROCEEDING:  
ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED.  
PLEASE FAX THIS REQUEST FORM TO EMP AT (209) 320-2108.  
THIS REQUEST WILL NOT BE EFFECTIVE UNTIL THE SIGNATURE  
HAS BEEN VERIFIED.**

*Thank you for your cooperation.*

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

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

Requestor's Name: \_\_\_\_\_

Requestor's Phone: \_\_\_\_\_

Does the merchant have Verisign? \_\_\_\_\_

**REQUEST ADDITIONAL CARD TYPES OR UPDATE ACCOUNTS  
(Please write NEW for any new requests—AMEX/DISCOVER/DEBIT ONLY)**

AMERICAN EXPRESS #: \_\_\_\_\_ AUTH FEE: \_\_\_\_\_

SPLIT DIAL? \_\_\_\_\_ (SE) ESA RATE: \_\_\_\_\_

DISCOVER #: \_\_\_\_\_ AUTH FEE: \_\_\_\_\_

RAP RATE: \_\_\_\_\_

JCB #: \_\_\_\_\_ AUTH FEE: \_\_\_\_\_

DINER'S CLUB# \_\_\_\_\_ AUTH FEE: \_\_\_\_\_

DEBIT (PIN): \_\_\_\_\_ AUTH FEE: \_\_\_\_\_

GATEWAY: \_\_\_\_\_

EBT # (FCSID): \_\_\_\_\_ AUTH FEE: \_\_\_\_\_

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

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

(as specified on the Merchant Application/Agreement)

If you should have any questions, please contact our Merchant Services department at (800)909-2124 or email us at [help@emerchantprocessing.com](mailto:help@emerchantprocessing.com)