



MERCHANT ADDRESS CHANGE REQUEST FORM

**IMPORTANT - PLEASE READ BEFORE PROCEEDING:
ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED.
PLEASE FAX THIS REQUEST FORM TO NEW ACCOUNTS 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: _____

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

Street Unit/Suite/Apt.

City State Zip Code

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

Street Unit/Suite/Apt.

City State Zip Code

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