



## PROCESSING LIMIT CHANGE 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.  
*Thank you for your cooperation.*

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

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

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

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

**IN ORDER TO PROCESS YOUR REQUEST, AN EXPLANATION FOR YOUR REQUESTED CHANGE NEEDS TO BE PROVIDED. PLEASE EXPLAIN THE REASON FOR THE CHANGE BELOW:**

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**Please note: Additional documentation may be required to process your request.**

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

\_\_\_\_\_  
Date

If you should have any questions, please contact our Merchant Services department at (800) 909-2124