



Rate Adjustment Request Form

DATE _____

ISO/Agent Name			
Merchant Name			
Merchant # <small>(EMP merchant only)</small>			
Average Ticket Size		Qualified	%
Monthly Volume		Mid Qual	%
Swiped Business	%	Non Qual	%
Keyed Business	%	Trans. Fee	\$
		Stmt. Fee	\$
		Other Fees	

REQUESTED RATES

Notes:	Qualified	%
	Mid Qual	%
	Non Qual	%
	Trans. Fee	\$
	Stmt Fee	\$
	Other Fees	

Please include 3 Months current merchant processing statements if available

Please Complete and Fax to your ISO Relations Manager at EMP Sales & Marketing (209) 444-7926
 Upon approval please include this form along with the completed merchant application

Thank You
eMerchant Processing

(EMP USE ONLY)

APPROVED? Y / N	MANAGER _____	DATE _____
COMMENTS:		