



App ID _____

SAGE PAYMENT SOLUTIONS

AVERAGE TICKET INCREASE REQUEST FORM

Fax requests to (703) 848-1772 or (703) 991-5374

**** Please allow three (3) to five (5) business days to evaluate your request. ****

OFFICE ID / NAME

REP NAME / ID #

NAME OF BUSINESS	
APPLICATION ID	
MERCHANT ID	
DATE APPROVED	
MCC CODE	
PRODUCT SOLD	
MERCHANT TYPE	<input type="checkbox"/> RETAIL <input type="checkbox"/> MO/TO <input type="checkbox"/> INTERNET
CONTACT TELEPHONE NUMBER	
CONTACT E-MAIL ADDRESS	
DATE SUBMITTED	

REQUESTOR

AVERAGE TICKET INCREASE REQUEST PROCEDURE

Requests for increases will be considered only after the merchant has processed continually for at least 60 days since the account opened or since the last change was implemented.

STATUS	SIGNED	REQUESTED	APPROVED?	
ESTIMATED MONTHLY VOLUME	\$	\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ESTIMATED AVERAGE TICKET	\$	\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO
MAXIMUM SALE	\$	\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ESTIMATED SWIPE PERCENTAGE	%	%	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ESTIMATED KEYED PERCENTAGE	%	%	<input type="checkbox"/> YES	<input type="checkbox"/> NO

CURRENT CHARGEBACK PERCENTAGE	%	CURRENT REFUND PERCENTAGE	%
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Submit financial statements in accordance with Underwriting Guidelines. Web page copies (if not in original file or if they have changed)

NOTES

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SIGNATURE & ACCEPTANCE

IN ACCORDANCE WITH THE TERMS SET OUT ABOVE, I AUTHORIZE THE ABOVE CHANGE (S):

AUTHORIZED SIGNER ON ACCOUNT (MERCHANT):

SIGNER'S NAME (PLEASE PRINT)

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DATE:

SIGNER'S TITLE (PLEASE PRINT)

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