



SAGE PAYMENT SOLUTIONS

DBA NAME / ADDRESS CHANGE FORM

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

**** Please allow three (3) to five (5) business days for your request to be completed. ****

OFFICE ID / NAME

REP NAME / ID #

MERCHANT INFORMATION

MERCHANT ID # _____

DBA NAME _____

CONTACT NAME _____

PHONE # _____

AMENDMENT TO MERCHANT BANKCARD PROCESSING AGREEMENT

WHEREAS, MERCHANT desires to change certain terms of the AGREEMENT to reflect more accurately the actual circumstances of its BUSINESS, now, therefore, MERCHANT and SAGE PAYMENT SOLUTIONS hereby agree as follows: MERCHANT wishes to amend AGREEMENT as is set out in one or more of the following sections:

CHANGE OF DBA NAME

Previous DBA Name

New DBA Name

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Please attach 'Fictitious Name Filing' Form required by your State or equivalent documentation.

PLEASE NOTE: A Legal Name Change will require new merchant application accompanied by a cancellation letter for the original account.

CHANGE OF ADDRESS

Previous Location Address

New Location Address

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Previous Location City, State, Zip

New Location City, State, Zip

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Previous Corporate / Mailing Address

New Corporate / Mailing Address

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Previous Corporate / Mailing City, State, Zip

New Corporate / Mailing City, State, Zip

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Previous Phone

New Phone

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Previous Fax

New Fax

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E-Mail Address

New E-Mail Address

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PLEASE NOTE: If you accept other card types (i.e., Amex, Discover), you must notify the respective company of the change.

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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