



## ACCOUNT CHANGE FORM

### MERCHANT INFORMATION

CORPORATE / LEGAL NAME	MERCHANT NAME (DBA OR TRADE NAME)	MID #
<input type="text"/>	<input type="text"/>	<input type="text"/>

PLEASE SELECT REQUESTED CHANGE(S) (CHECK ALL THAT APPLY):

### BUSINESS INFORMATION

<input type="checkbox"/> CORPORATE / LEGAL NAME	<input type="checkbox"/> MERCHANT NAME (DBA OR TRADE NAME)		
<input type="text"/>	<input type="text"/>		
<i>REQUIRED: UPDATED ARTICLES OF INCORPORATION</i>	<i>REQUIRED: UPDATED FICTITIOUS NAME CERTIFICATE</i>		
<input type="checkbox"/> LEGAL ADDRESS	CITY	STATE	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>REQUIRED: LEGAL DOCUMENTATION THAT SUPPORTS NEW LEGAL ADDRESS</i>	CITY	STATE	ZIP
<input type="checkbox"/> DBA ADDRESS	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>REQUIRED: COPY OF UTILITY BILL THAT SUPPORTS NEW DBA ADDRESS</i>	CITY	STATE	ZIP
<input type="checkbox"/> MAILING ADDRESS	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> FEDERAL TAX ID NUMBER	<input type="checkbox"/> PRODUCT OR SERVICE SOLD:		
<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> WEBSITE ADDRESS	<i>REQUIRED: WEBSITE UPDATE</i>		
<input type="text"/>	<input type="text"/>		
<i>REQUIRED: UPDATED EIN LETTER</i>	<i>REQUIRED: WEBSITE UPDATE</i>		
<input type="checkbox"/> COMPANY TYPE	<i>REQUIRED: UPDATED ARTICLES OF INCORPORATION AND CERTIFICATE OF CONVERSION</i>		
<input type="checkbox"/> INDIVIDUAL / SOLE PROPRIETOR	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> GOVERNMENT
<input type="checkbox"/> LIMITED LIABILITY	<input type="checkbox"/> NON-PROFIT (MUST PROVIDE 501C3 LETTER)	<input type="checkbox"/> ASSOCIATION/ESTATE/TRUST	<input type="checkbox"/> INTERNATIONAL
		<input type="checkbox"/> IF OTHER	

### CONTACT INFORMATION

<input type="checkbox"/> CUSTOMER SERVICE NUMBER	<input type="checkbox"/> CUSTOMER SERVICE EMAIL ADDRESS	<input type="checkbox"/> CHARGEBACK NOTIFICATIONS EMAIL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>REQUIRED: WEBSITE UPDATE</i>	<i>REQUIRED: WEBSITE UPDATE</i>	
<input type="checkbox"/> PRIMARY CONTACT NAME	<input type="checkbox"/> PRIMARY PHONE NUMBER	<input type="checkbox"/> PRIMARY EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> ACCOUNTING CONTACT NAME	<input type="checkbox"/> ACCOUNTING PHONE NUMBER	<input type="checkbox"/> ACCOUNTING EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>

### PRINCIPAL'S INFORMATION

PRINCIPAL'S FULL NAME:

FIRST NAME	LAST NAME
<input type="text"/>	<input type="text"/>

<input type="checkbox"/> HOME ADDRESS	CITY	STATE	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>REQUIRED: COPY OF UTILITY BILL THAT SUPPORTS NEW HOME ADDRESS</i>			
<input type="checkbox"/> PHONE NUMBER	<input type="checkbox"/> EMAIL	<input type="checkbox"/> DL NUMBER, STATE	EXP. DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>REQUIRED: COPY OF DL</i>			

*Note: Pepper Pay reserves a right to request additional documents and/or information if required*

By signing this Account Change Form, Merchant accepts changes to the merchant account information effective on \_\_\_\_\_.

PRINCIPAL'S SIGNATURE	PRINCIPAL'S FULL NAME	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>