

MERCHANT UPDATE/CHANGE REQUEST – Additional Locations

- Fields marked with an asterisk are required
- Using the fields in the pdf to fill out this form electronically is strongly encouraged
- Please print or open additional copies of this document if you have more than 3 locations

REQUESTOR NAME*	REQUESTOR PHONE NUMBER*	REQUESTOR EMAIL ADDRESS*
MASTER MERCHANT NUMBER*		FEDERAL TAX ID NUMBER (9 digits)*
MERCHANT NAME*		

Location 1 Information

Merchant's Business Legal Name as Reported to the IRS*		Federal Tax ID Number (9 digits)*	
Retailer Name* (Name as it should appear for customers, 25 character limitation)		Contact Name	
Retail Address* (no P.O Boxes) - for Communications	City*	State*	Zip*
Mailing Address (if different than Retail Address above)	City	State	Zip
Shipping Address* (no P.O Boxes) - for Supplies	City*	State*	Zip*
Email Address (for VRU and IPS user ID/passwords)			
Phone Number* (no toll-free numbers)	Fax Number for Credit Decisions*	Fax Number for ACH Information*	
If merchant has a multi user account, please provide the User ID to add the new location to			

Is the bank account the same as the Master/Owning/Corporate Merchant's number? YES NO

- **If NO, please have the Merchant fax a copy of a voided check or letter from their bank to: 1-866-280-8329**
- **PLEASE NOTE THAT STARTER CHECKS CANNOT BE ACCEPTED, A PRE-PRINTED CHECK WITH THE MERCHANT INFORMATION IS REQUIRED**

Additional Comments:

SUBMIT FORM

CLEAR FORM

or fax completed form to: 1-866-280-8329

Location 2 Information

Merchant's Business Legal Name as Reported to the IRS*	Federal Tax ID Number (9 digits)*
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Retailer Name* (Name as it should appear for customers, 25 character limitation)	Contact Name
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Retail Address* (no P.O Boxes, for Communications)	City*	State*	Zip*
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Mailing Address (if different than Retail Address above)	City	State	Zip
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Shipping Address* (no P.O Boxes, for Supplies)	City*	State*	Zip*
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Email Address (for VRU and IPS user ID/passwords)

Phone Number* (no toll-free numbers)	Fax Number for Credit Decisions*	Fax Number for ACH Information*
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Additional Comments:

Location 3 Information

Merchant's Business Legal Name as Reported to the IRS*	Federal Tax ID Number (9 digits)*
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Retailer Name* (Name as it should appear for customers, 25 character limitation)	Contact Name
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Retail Address* (no P.O Boxes, for Communications)	City*	State*	Zip*
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Mailing Address (if different than Retail Address above)	City	State	Zip
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Shipping Address* (no P.O Boxes, for Supplies)	City*	State*	Zip*
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Email Address (for VRU and IPS user ID/passwords)

Phone Number* (no toll-free numbers)	Fax Number for Credit Decisions*	Fax Number for ACH Information*
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