



## BUSINESS NAME CHANGE FORM

**IMPORTANT - PLEASE READ BEFORE PROCEEDING:  
ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED.  
PLEASE FAX THIS REQUEST FORM TO CUSTOMER SERVICE AT 425-969-2945.  
THIS REQUEST WILL NOT BE EFFECTIVE UNTIL THE SIGNATURE  
HAS BEEN VERIFIED BY CUSTOMER SERVICE.**

*Thank you for your cooperation.*

Merchant Number: \_\_\_\_\_

Former Merchant Name: \_\_\_\_\_

New Merchant Name: \_\_\_\_\_

**Please note: For DBA changes; copies of the filed DBA must be supplied to process your request.  
A change in business type (i.e. new corporation, partnership, LLC) will require a new application and agreement be completed.**

\_\_\_\_\_  
**Signature of Authorized Principal**  
(as specified on the Merchant Application/Agreement)

\_\_\_\_\_  
**Date**

If you should have any questions, please contact our Customer Service department at (800) 675-6573 or email us at [support@appliedmerchant.com](mailto:support@appliedmerchant.com)