



PROCESSING LIMIT 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 MERCHANT SERVICES.**

Thank you for your cooperation.

Merchant Name: _____

Merchant Number: _____

Requested Monthly Volume: _____

Requested Average Ticket: _____

Reason for increase: _____

Please note: Additional financials may be required to process increase.

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*