

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 312-640-0294.
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 that a new application and agreement is 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, extension 2, or email us at support@capitalpayments.com.