

# Merchant Services

## PROCESSING LIMIT CHANGE FORM

**IMPORTANT - PLEASE READ BEFORE PROCEEDING:**

**ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED.**

**PLEASE FAX THIS REQUEST FORM TO DATA PROCESSING AT (818) 540-6808.**

**THIS REQUEST WILL NOT BE EFFECTIVE UNTIL THE REQUIRED DOCUMENTS ARE PROVIDED AND APPROVED.**

*Thank you for your cooperation.*

**Merchant Name:** \_\_\_\_\_

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

**Requested Monthly Processing Volume:** \_\_\_\_\_

**Requested Average Ticket:** \_\_\_\_\_

**Web Address:** \_\_\_\_\_

**Maximum number of days before customer receives goods or services:** \_\_\_\_\_

**PLEASE EXPLAIN THE REASON FOR THE CHANGE BELOW AND PROVIDE A BRIEF PRODUCT DESCRIPTION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please note: Additional documentation may be required to process your request.**

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

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

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Email Address**

If you should have any questions, please contact our Merchant Services department at (800) 554-2777 or email us at [merchantsupport@merchants-help.com](mailto:merchantsupport@merchants-help.com)