



ORIGINAL APPLICATION (MPA) REQUEST

Date:	
Merchant Number:	
Merchant (Requestor's Name):	
Signers Social Security Number:	
Federal Tax ID:	
Merchant Phone Number:	
Fax Verification Form To:	
Mail Verification Form To:	

The MPA can only be faxed or mailed. It can NOT be emailed.

****Note - Only the application signer is permitted to submit change requests and the signatures must match the original merchant application. If the original application was signed digitally, please submit a Driver's License or an equivalent government issued form of identification.****

Merchants Signature

Date

Merchants Printed Name

Merchants Title

PLEASE FAX COMPLETED FORMS TO 484-581-2201

If the original application was signed digitally, please submit a copy of your Driver's License or an equivalent government issued form of identification.

Attach Driver's License Here

