

**Merchant Services
DBA NAME CHANGE REQUEST**

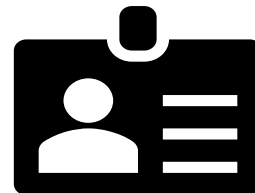
Date:	
Agent Name:	
Agent Contact Name:	
Agent Phone Number:	
Agent Email Address:	
Merchant Number:	
Existing DBA:	
New DBA:	
Merchant Name:	
Merchant Phone Number:	

****Note - Only the application signer is permitted to submit change requests and the signatures must match the original merchant application. Forms submitted by another party will be rejected via a ticket to the sales agent. If the original application was signed digitally, please submit a Driver's License or an equivalent government issued form of identification.****

Merchant's Signature

Merchant's Printed Name and Title

Attach Driver's License Here



Date

**PLEASE FAX COMPLETED FORMS TO 484-581-2201
(SALES AGENTS MAY SUBMIT THROUGH COPILOT TICKETING SYSTEM BY UPLOADING THE APPROPRIATE ATTACHMENTS)**