



BUSINESS NAME CHANGE FORM

IMPORTANT - PLEASE READ BEFORE PROCEEDING:

ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED.

PLEASE FAX THIS REQUEST FORM TO NEW ACCOUNTS AT (209) 320-2108.

THIS REQUEST WILL NOT BE EFFECTIVE UNTIL THE SIGNATURE
HAS BEEN VERIFIED BY 1ST NATIONAL MERCHANT SERVICES.

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 a new application and agreement be completed.

Signature of Authorized Principal

(as specified on the Merchant Application/Agreement)

Date

If you should have any questions, please contact our Merchant Services department at (800)396-5660 or email us at info@nationalpaymentprocessing.com

