



# CARD ADDITION REQUEST FORM

**IMPORTANT - PLEASE READ BEFORE PROCEEDING:  
ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED.  
PLEASE FAX THIS REQUEST FORM TO NPP AT (209) 320-2108. THIS  
REQUEST WILL NOT BE EFFECTIVE UNTIL THE SIGNATURE HAS  
BEEN VERIFIED.**

*Thank you for your cooperation.*

Merchant Name: \_\_\_\_\_  
Merchant Number: \_\_\_\_\_  
Requestor's Name: \_\_\_\_\_  
Requestor's Phone: \_\_\_\_\_

**REQUEST ADDITIONAL CARD TYPES OR UPDATE ACCOUNTS**  
(Please write NEW for any new requests)

PIN-DEBIT      GATEWAY FEE: \_\_\_\_\_      AUTH FEE: \_\_\_\_\_

AMERICAN EXPRESS #: \_\_\_\_\_      AUTH FEE: \_\_\_\_\_

SPLIT DIAL? \_\_\_\_\_      (SE) ESA RATE: \_\_\_\_\_

DISCOVER #: \_\_\_\_\_      AUTH FEE: \_\_\_\_\_

RAP RATE: \_\_\_\_\_

JCB/OTHER #: \_\_\_\_\_      AUTH FEE: \_\_\_\_\_

EBT # (FCSID): \_\_\_\_\_      AUTH FEE: \_\_\_\_\_

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

**Signature of Authorized Principal**

(as specified on the Merchant Application/Agreement)

Revision Date: August 2006