

# Merchant Services

## ADDRESS/PHONE/FAX CHANGE REQUEST FORM

**IMPORTANT - PLEASE READ BEFORE PROCEEDING:**

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

**PLEASE FAX THIS REQUEST FORM TO DATA PROCESSING AT (323) 965-2848.**

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

*Thank you for your cooperation.*

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

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

**Old Address:**

\_\_\_\_\_  
Street Unit/Suite/Apt.  
\_\_\_\_\_  
City State Zip Code

**New Physical Address: (If P.O. Box, below must also be completed)**

\_\_\_\_\_  
Street Unit/Suite/Apt.  
\_\_\_\_\_  
City State Zip Code

**New Mailing Address: (If P.O. Box, above physical address must also be completed.)**

\_\_\_\_\_  
Street Unit/Suite/Apt.  
\_\_\_\_\_  
City State Zip Code

**New Merchant Phone Number(s):** Business: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Customer Service number, if different than business phone number.: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

\_\_\_\_\_  
**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) 477-5363 or email us at [information@ecenow.com](mailto:information@ecenow.com)