



## 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 NEW ACCOUNTS AT (209) 320-2108.**

**THIS REQUEST WILL NOT BE EFFECTIVE UNTIL THE SIGNATURE  
HAS BEEN VERIFIED BY IPAYMENT.**

**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**

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

(as specified on the Merchant Application/Agreement)

If you should have any questions, please contact our Merchant Services department at (800)396-5660 or email us at [info@1stnationalmerchant.com](mailto:info@1stnationalmerchant.com)