



PROCESSING LIMIT CHANGE FORM

IMPORTANT - PLEASE READ BEFORE PROCEEDING:

ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED.

PLEASE FAX THIS REQUEST FORM TO NEW ACCOUNTS/RISK DEPT 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 Name: _____

Merchant Number: _____

Requested Monthly Volume: _____

Requested Average Ticket: _____

Reason for increase: _____

Please note: Additional financials may be required to process increase.

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@1stnationalmerchant.com.