



PROCESSING LIMIT CHANGE FORM

IMPORTANT - PLEASE READ BEFORE PROCEEDING: ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED. PLEASE FAX THIS REQUEST FORM TO DATA PROCESSING AT **231-941-4204 OR SUPPORT@1NPS.COM**. THIS REQUEST WILL NOT BE EFFECTIVE UNTIL THE REQUIRED DOCUMENTS ARE PROVIDED AND APPROVED.

Merchant Name: _____

Merchant Number: _____

Requested Monthly Processing Volume: _____

Requested Average Ticket: _____

Web Address: _____

Maximum number of days before customer receives goods or services: _____

PLEASE EXPLAIN THE REASON FOR THE CHANGE BELOW AND PROVIDE A BRIEF PRODUCT DESCRIPTION:

Please note: Additional documentation may be required to process your request.

Signature of Authorized Principal
 (as specified on the Merchant Application/Agreement)

Date

Print Name

Phone

If you should have any questions, please contact our Merchant Service Department at **(866) 964-1622** or email us at **support@1nps.com**