



**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 **(231)941-4204 OR SUPPORT@1NPS.COM**. THIS REQUEST WILL NOT BE EFFECTIVE UNTIL THE SIGNATURE HAS BEEN VERIFIED BY 1NPS .

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 **(866) 964-1622** or email us at **support@1nps.com**

**Attn Quality Control: Line Indicators must be change for Visa, MasterCard, American Express, Discover, Diners and JCB.**