



BUSINESS NAME 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 Number: _____

PLEASE CHECK ALL THAT APPLY:

- | | |
|--|---|
| <input type="checkbox"/> Doing Business As Name Change | <input type="checkbox"/> Legal Business Name Change |
| <input type="checkbox"/> Change In Business Type (New Corporation, LLC, Partnership) | <input type="checkbox"/> Change In Ownership |

Old Doing Business As Name: _____

New Doing Business As Name: _____

Old Legal Business Name: _____

New Legal Business Name: _____

IN ORDER TO PROCESS YOUR REQUEST, A VOIDED CHECK AND AT LEAST ONE OF THE FOLLOWING ITEMS SUPPORTING THE ABOVE CHANGE MUST BE SUBMITTED:

(Please check submitted item)

- | | |
|--|---|
| <input type="checkbox"/> Articles of Incorporation | <input type="checkbox"/> Doing Business As Filing |
| <input type="checkbox"/> Name Change Filing | <input type="checkbox"/> Business License |
| <input type="checkbox"/> Seller's Permit | <input type="checkbox"/> Fictitious Name Filing |

A change in business type (i.e. new corporation, partnership, LLC) may require completion of a new application and agreement.

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