

# MERCHANT SERVICES

## 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 (516) 921-9488.**

**THIS REQUEST WILL NOT BE EFFECTIVE UNTIL THE REQUIRED DOCUMENTS ARE PROVIDED AND APPROVED.**

*Thank you for your cooperation.*

**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 (877) 964-1622 or email us at [support@1nbcard.com](mailto:support@1nbcard.com)