



## Merchant Change of Address Request

Today's Date:

DBA Name:

Merchant ID:

Contact:

Phone No:

New Address:

City:

State:

Zip Code:

Address to change:

Legal       Mailing       Physical       All

Statements mailed to:

Legal       Mailing

Chargebacks mailed to:

Legal       Mailing

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By signing this document, I indicate that I am authorized to request the above address change on the Credit Card Industry, Inc. merchant account listed on this form. I further understand that this request may take three (3) to five (5) business days to complete.

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

Please email completed request to: [support@ccimerchant.com](mailto:support@ccimerchant.com) or fax to 818.702.0027