

## Card Payment Systems DBA/Legal Name Change Request Form

Card Payment Systems  
Attn: Account Maintenance  
1377 Motor Parkway Suite 301  
Hauppauge, NY 11788

**Fax#: (866) 319-5880**

Dear Card Payment Systems:

Please accept this written request to change the (please check one)  DBA Name  
 Legal Name from

\_\_\_\_\_ to \_\_\_\_\_

for merchant account number \_\_\_\_\_. As supporting documentation showing our new DBA/Legal name we have attached copies of the following official documents (please check all that apply):

- Copy of the business license
- Fictitious name filing
- Seller's permit
- Amended Articles of Incorporation or Organization (**required for Legal name change**)

By signing this form, it is understood and confirmed that the business, product, or service type identified in our original Merchant Application for which the account was originally established remains the same.

Below are the signature(s) of all signer(s) of the Merchant Application authorizing Card Payment Systems to make the change requested above.

Sincerely,

\_\_\_\_\_  
Signature of Principal or Corporate Officer                      Title                      Date

\_\_\_\_\_  
Signature of Principal or Corporate Officer                      Title                      Date

**Please fax or mail completed request with all required documentation to address or fax above.**