



DBA NAME CHANGE REQUESTS

Date:	
Agent Name:	
Agent Contact Name:	
Agent Phone Number:	
Agent Email Address:	
Merchant Number:	
Existing DBA:	
New DBA:	
Merchant Name:	
Merchant Phone Number:	

****Note - Only the application signer is permitted to submit change requests and the signatures must match the original merchant application. Forms submitted by another party will be rejected via a ticket to the sales agent ****

Merchants Signature

Date

Merchants Printed Name

Merchants Title

PLEASE FAX COMPLETED FORMS TO 888-324-8814

(SALES AGENTS MAY SUBMIT THROUGH COPILOT TICKETING SYSTEM BY UPLOADING THE APPROPRIATE ATTACHMENTS)