



# Innovative Merchant Solutions

## Business Name Change Request Form

Please fax this form with a copy of a **PRE-PRINTED VOIDED CHECK** associated with the checking account that should receive deposits from your merchant account, to the Quality Assurance Department at **(818) 301-2158**

The requested changes to your account cannot be completed until this form is received and the information is verified. Notification of a successful change will be sent to you via an email. To ensure that your notification is received in a timely manner, please be sure to provide your current email address.

*Thank you for your cooperation and thank you for allowing us to serve your bankcard processing needs!*

**X My current email address is:** \_\_\_\_\_ @ \_\_\_\_\_

**(ALL ITEMS IN BOLD MUST BE PROVIDED)**

**X Merchant Name:** \_\_\_\_\_ **X Merchant Number:** \_\_\_\_\_

**PLEASE CHECK THE BOXES NEXT TO 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) | <input type="checkbox"/> Change In Ownership (LLC, Partnership) |

**Old Doing Business As (DBA) Name:** \_\_\_\_\_

**New Doing Business As (DBA) 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 all items that you will be submitting along with your voided business account check)**

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

**Product Change**  Yes  No

**Tax ID#** \_\_\_\_\_

**NOTE: A change in business type (i.e. new corporation, partnership, LLC) may require completion of a new Merchant Application and Agreement.**

**X Name** \_\_\_\_\_ | **X Sign.** \_\_\_\_\_ **X Date** \_\_\_\_\_  
**Printed Name & Signature of Authorized Principal**

**NOTE: The signer of this request must correspond to the signer of the Merchant Application**

If you have any questions, please contact our Merchant Services Department at (800) 397-0707