

Business Owner Change Request Form

Please Complete This Form And Fax To: Merchant Services Department At (850) 747-3664. Allow 24 To 48 Hours For Information To Be Processed.

Merchant Number:		
Please check all that apply	y:	
□ Doing Business As Name Change	e □ Legal	Business Name Change
☐ Change In Business Type (New C LLC, Partnership)	orporation, □ Chan	ge In Ownership
☐ Business contact Person()
Previous Business Owner Nan	ne:	
New Business Owner Name:		
Previous Legal Business Name	e:	
New Legal Business Name:		
New Tax ID:		
	•	nd at least one of the following itted: (Please check submitted item)
☐ Articles of incorporation ☐ Do	oing Business As Filing	☐ Business License
 □ Name Change Filing □ S 	Seller's Permit	☐ Fictitious Name Filing
A change in business ownership will rec This form is available on our website @	quire completion of a new N www.mmgapply.com.	Merchant application / agreement.
Authorized Signature		Date
(As specified on Merchant Application/ Ac	greement)	
	Phone	Email Address

euwina@mmgappiy.com