



MERCHANT MANAGEMENT GROUP

Address 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 Name: _____

Merchant Number: _____

Old Address:

Street Name **Unit / Suite / Apt.**

City **State** **Zip Code**

New Physical Address:

Street Name **Unit / Suite / Apt.**

City **State** **Zip Code**

New Mailing Address: (If different from physical address)

Street Name **Unit / Suite / Apt.**

City **State** **Zip Code**

New Phone Number(s): Business: (____) _____ - _____

Authorized Signature **Date**
(As specified on Merchant Application/ Agreement)

If you have any questions, please contact a member of our Merchant Services Team at (850) 747-0664 or email us at edwina@mmgapply.com

OFFICE USE ONLY

Approved By: _____ Date: _____