

Merchant Services

PROCESSING LIMIT CHANGE FORM

IMPORTANT - PLEASE READ BEFORE PROCEEDING:

ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED.

PLEASE FAX THIS REQUEST FORM TO DATA PROCESSING AT (818) 702-2412.

THIS REQUEST WILL NOT BE EFFECTIVE UNTIL THE REQUIRED DOCUMENTS ARE PROVIDED AND APPROVED.

Thank you for your cooperation.

Merchant Name: AMERICAN MOTORCYCLE SERVICE

Merchant Number: 4223694800000525

Requested Monthly Processing Volume: \$30,000.00

Requested Average Ticket: \$2,500.00

Web Address: _____

Maximum number of days before customer receives goods or services: 0

PLEASE EXPLAIN THE REASON FOR THE CHANGE BELOW AND PROVIDE A BRIEF PRODUCT DESCRIPTION:

Motorcycle repairs and the average ticket is increasing due to popularity of the shop

Please note: Additional documentation may be required to process your request. **Please provide financials, P&L and Balance sheet******

Signature of Authorized Principal

(as specified on the Merchant Application/Agreement)

Date

Print Name

Phone

Email Address

If you should have any questions, please contact our Merchant Services department at (800) 554-2777 or email us at merchantsupport@merchant-help.com