



ADDRESS CHANGE REQUEST

PLEASE COMPLETE ALL FORM FIELDS BELOW.

MERCHANT INFORMATION

REQUESTOR'S NAME: _____

MERCHANT PHONE NUMBER: _____

MERCHANT DOING BUSINESS AS: _____

MERCHANT ID NUMBER: _____

VERIFICATION (REQUIRED) PLEASE PROVIDE 2 OF THE FOLLOWING

LAST 4 OF CURRENT TAX ID: _____

LAST 4 OF CURRENT BANK ACCOUNT NUMBER: _____

LAST 4 OF THE SIGNER'S SSN: _____

BUSINESS ADDRESS

STREET ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ PHONE: _____ FAX: _____

CUSTOMER SERVICE PHONE: _____ CONTACT NAME: _____

If corporate address is different from the above, please fill out the information below:

CORPORATE ADDRESS

STREET ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ EMAIL ADDRESS: _____ WEBSITE URL: _____

Which address should we use to mail any correspondence?: Business Corporate

CONTACT INFORMATION:

Email: csprocessing@cayan.com
Fax: 857-241-5429

IF YOU PROCESS DIRECTLY WITH ANY OF THE FOLLOWING COMPANIES, PLEASE CONTACT THEM DIRECTLY TO MAKE THESE CHANGES:

American Express
800-528-5200

Discover
800-347-2000

Authorize.net
877-447-3938

By signing below, you represent and warrant (i) that the information you have supplied is true and correct in all respects, and (ii) that you have the necessary power and authority to execute and deliver this request and to take such action on behalf of the Merchant named above. You further acknowledge and agree that TSYS is entitled to rely on the foregoing and that you will indemnify TSYS and its representatives for any violation or breach hereof.

SIGNER OF THE ACCOUNT MUST SIGN AND DATE THE FORM; OTHERWISE THE REQUEST WILL BE DENIED.

SIGNATURE

PRINTED NAME

DATE